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ABSTRACT

This 1983 conference on disabled Hispanic persons had as its purpose the identification of rehabilitation needs, patterns of service delivery, and service utilization; and the development of recommendations for a systematic research approach addressing those rehabilitation needs. Issue papers include: "The Hispanic Population: An Overview" (Julian Castillo); "Barriers to Access and Utilization of Services by the Handicapped Hispanic" (Arthur Linskey et al.); "Vocational Rehabilitation Process and Hispanic Culture" (Orlando Rivera); and "Counseling and the Rehabilitation Process" (Jose Lafitte). Reactions of conference participants to the issue papers are described in the executive summary. A detailed outline of research needs in rehabilitation areas is provided. Recommendations resulting from the conference include: establishment of a national clearinghouse for information on the Hispanic handicapped; financial support for rehabilitation research; high professional standards for the research; and inter-American collaborative efforts. (JDD)

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THE SPECIAL REHABILITATION AND RESEARCH NEEDS OF DISABLED HISPANIC PERSONS

Sponsored by:

National Institute of Handicapped Research

and

The President's Committee on Employment of the Handicapped

Pan American University
Edinburg, Texas

March 1-2, 1983

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ACKNOWLEDGEMENTS

The development of this monograph would not have been possible without the untiring efforts of many individuals.

Acknowledgement is extended to Mr. Julian Castillo, Drs. Jose Lafitte, Arthur Linskey, Bill Arnold, Orlando Rivera, and Mrs. Susan Hancock, the writers of the issue papers, and to the participants who provided insights and recommendations.

The support of Dr. Douglas Fenderson, Director of NIHR; Ms. Naomi Karp; Ms. Emily Cromar and Mr. Antonio Suazo, provided the impetus for the publication of this monograph.

Appreciation is extended to Ms. Emily Cromar, Mr. Antonio Suazo, and Drs. Orlando Rivera and Rosanita Cespedes, from the University of Utah, for coordinating the editing of the proceedings, and the preparation of the summary of rehabilitation issues and research needs.

As Considerable in-house efforts went into the development of this monograph, special thanks are extended to the staff of Research Assessment Management, Inc., the contractor: Dr. Adrienne M. McCollum, President; Joyce Martin Hickman, Conference Coordinator; and Jacqueline Adkins, Logistics Coordinator; all of whom managed a complicated undertaking with dedication and efficiency.

A state of the art conference, jointly sponsored by the National Institute of Handicapped Research and the President's Committee on Employment of the Handicapped, was held at the Pan American University, Edinburg, Texas, on March 1 & 2.

The purpose of the conference was to involve Hispanic researchers, service providers and administrators of rehabilitation programs in:

-Identifying rehabilitation needs, patterns of rehabilitation service delivery, and service utilization;

-Developing recommendations for a systematic research approach which would address these rehabilitation needs;

Representatives from universities with large Hispanic student populations, and Rehabilitation Research and Training Centers participated. Among the participants were the University of Southern California, University of Utah, University of Texas, Texas Tech University, Hofstra University, Pan American University, and the University of Wisconsin.

State Rehabilitation Service administrators attending included Texas, New Mexico, Colorado and Illinois. In addition, the Dallas and Denver Regional offices were also represented.

Means and procedures by which research might be utilized to meet the Hispanic rehabilitation needs was examined and research recommendations made.

The conference participants found very little in the literature on Hispanic rehabilitation. They found many unanswered questions regarding the Hispanic culture, the demographic characteristics of Hispanics, and barriers which prevent them from accessing rehabilitation services.

In order to effectively meet the rehabilitation needs of the Hispanics, the conference participants concluded that the demographic traits, and rehabilitation barriers have to be carefully studied and defined and current services carefully evaluated.That the need for research in this area exists was unanimously supported. Mr. Robert Davis, Regional Director, Rehabilitation Services Administration, Region VI, summed it up well when he said, "The purpose of this meeting was that we get a statement of the state-of-the-art, and we have done that

very well. The point has been made that great deficiencies exist in the knowledge and understanding of the disabled Hispanics. These deficiencies need to be looked at candidly and forthrightly so that we can begin to get the attention of everyone here."

These and the other observations led to the following general and the specific recommendations at the end of this monograph:

- The establishment of a national clearinghouse for information on the Hispanic handicapped. Such a Center is needed both to provoke an explosion of information and to provide a screening mechanism for collecting, critically evaluating, and disseminating only data of the highest quality.

- Financial support should be provided to enhance and encourage investigations and research on the rehabilitation of the handicapped Hispanics.

- Inter-American collaborative efforts be enjoined to pull together resources and efforts to improve rehabilitation of the disabled Hispanics in the United States and in Latin American countries.

- The standards for research be done on the rehabilitation of the disabled Hispanics be highly professional, scholarly, and emperically based, and of such nature that research can be competitive for publication in recognized referred rehabilitation journals for dissemination.

To assist in the development of the conference, a Steering Committee was selected that brought together individuals with extensive rehabilitation, research knowledge and experience. These individuals played a highly active role in identifying conference topics, content of the presentations, and the presentors.

The result is this monograph which contains: a)an executive summary; b) issue papers; c) reactions to the issue papers;and d) rehabilitation issues and research recommendations.

SECTION I

EXECUTIVE SUMMARY

The participants, by their presence as well as by their observations and participation in the conference, showed their interest and commitment to the rehabilitation of disabled Hispanic persons and a genuine desire to investigate the means and procedures by which this might be realized more effectively. Needs for more effective rehabilitation service delivery systems were examined and methods by which research may be used to meet these needs were suggested.

Dr. Douglas A. Fenderson, Director, National Institute for Handicapped Research welcomed the participants via a conference telephone hookup. He expressed regret that he could not personally be in attendance, but explained that this was not due to disinterest but rather to his required presence in Washington for budget hearings. He expressed his appreciation to those present for their interest and participation, and to Pan American University for being the host institution. He acknowledged the support of the President's Committee on the Employment of the Handicapped represented by Mr. Antonio Suazo. He expressed confidence in Ms. Emily Cromar and Mr. Darld Long, members of his staff representing the National Institute of Handicapped Research (NIHR).

Dr. Fenderson referred to the long range plan that included a category of special populations, which may be underserved by the rehabilitation programs in this country. He stated, "Through your work at this conference you will be leaving an exciting record of concepts, research oriented questions and concrete proposals. These will form the basis for future resolutions for some of the compelling problems of disabled Hispanic citizens."

Dr. Miguel Nevarez, President of Pan American University, gave the "bienvenida" (welcome) to the conference participants. He informed the group of Pan American University's commitment to rehabilitation. The University has held two international conferences on rehabilitation. Under his leadership, Pan American University has been working to establish a rehabilitation counselor training program, and to develop a Center for Rehabilitation and Special Education for the Hispanic population.

Mr. Julian Castillo, Director of the Division of Health and Related Professions offered the support and services of the Pan American University. to the participants.

Other leaders welcoming the conference participants included Mr. Antonio Suazo, Regional Representative for the President's Committee on Employment of the Handicapped; Mr. Robert Davis, Regional Commissioner, RSA Region VI; Mr. Max Arrell, State Director, Texas Rehabilitation Commission; Mr. John Wilson, Director, Texas Commission for the Blind; and Mr. Art Zamora, Training

Officer, RSA Region VIII. They expressed the need for accurate information relative to the disabled Hispanic population, and felt that assistance was needed to improve rehabilitation services to its population.

The following sections of this Executive Summary present a brief synopsis of the papers presented, the reaction to the papers and the summary of the discussion by the participatants.

THE HISPANIC POPULATION: AN OVERVIEW

"The Hispanic Population: An Overiew" was written and presented by Dr. Julian Castillo, Director, Division of Health Related Professions. Pan American University, Edinburg, Texas. The paper provided a demographic description of the Hispanic population in the United States, including, number, country of origin, age, sex, employment, education, income, language spoken, marital status, insurance coverage and reviewed the literature pertaining to the needs of Hispanics with disabling conditions. The figures cited were based on diverse surveys conducted by the U.S. Bureau of Census, Development Associates, Inc. and other organizations.

Dr. Castillo indicated that, based on available forecasts, the Hispanic population will be the largest ethnic minority group in the United States by the year 2,000. This rapidly growing population is socio-economically disadvantaged. Their level of education, income, and employment statistics support this point.

Based on the disadvantaged socio-economic conditions experienced by Hispanics, it is inferred that the need for rehabiitation services among members of this population is greater than among non-Hispanics. This situation, combined with the rapid growth of the Hispanic population, indicates their increased demand for rehabilitation services.

The lack of information regarding handicapped Hispanics was also addressed. The need for accurate and reliable data indicating the number and percentages of disabled Hispanics was considered essential to develop programs to adequately serve that population. Furthermore, the nature of the disabilities found among Hispanics was also considered a critical factor in need of investigation.

The Hispanic population was described as young, with a median age of 22 years as compared to 30 years for non-Hispanic populations. The predominant language spoken in the home was Spanish. It was found that the use of Spanish was not related to low academic achievement. For example, a large number of Cuban Americans use Spanish as their primary language, and these individuals have a high level of educational attainment.

The heterogeneity of the Hispanic population was also described. This population varies in socio-economic, educational and acculturation levels. The differences among various subgroups of Hispanics were considered critical factors to be taken into account in the need assessment and demographic studies of the various subgroups of that population. These differences were also considered essential in the delivery of services to those individuals.

The number of Hispanics having insurance coverage is lower than the number of insured non-Hispanics. Insurance coverage is associated with attainment of appropriate medical care, thus the lack of insurance among Hispanics was considered another factor leading to a higher percentage of disabling conditions and a greater need for rehabilitation services among them.

Reaction

Mr. Waldo Lopez, Senior Research Associate of the Rehabilitation Research and Training Center on Aging in Downey, California was the official reactor to Dr. Castillo's presentation. Mr. Lopez provided a detailed and careful summary of the presentation and noted that as the population increases in the Hispanic population, the prevalence of complete work disabilities also increases. He cautioned the audience against the fact that the mentioned increase in the disability ratio might very well be a statistical artifact and not a true and significant increase in disabling conditions. Nevertheless, this issue was considered important and worthy of further investigation.

Mr. Lopez also emphasized the need to include the elderly Hispanics whenever rehabilitation issues are addressed. The subgroup of the Hispanic population experiences functional disabilities which reflect physical impairments such as heart disorders, arthritis, and many other problems.

Mr. Lopez concluded his reaction by indicating that future research in rehabilitation must be conceptualized with cost-effectiveness in mind. He suggested the use of economical research designs to investigate links between problems and solutions and to show the impact of current policies in the rehabilitation area. An intense discussion of Dr. Castillo's presentation and Mr. Lopez' reaction followed. The conference participants requested that projections of the Hispanic population growth, from the present to 1990, be included in the final draft of Dr. Castillo's paper. This information, however, is not available at the present time but will be produced by Development Associates. Inc. in the near future.

Other issues addressed by the participants were the need to identify the number of undocumented workers with disabling conditions, as well as the need to identify the number of undocumented workers receiving rehabililtation services and the legal issues involved in serving members of this subgroup of the Hispanic population.

The distribution of Hispanics throughout the United States was also discussed. It was emphasized that the use of percentage of Hispanics per state or region is often a misleading figure. Heavily populated areas such as New York City and Chicago yield a small percentage of Hispanics when, in fact, those cities have a larger number of Hispanics individuals than cities such as San Antonio, Texas. It was recommended that percentages as well as actual numbers of Hispanics be included in demographic descriptions in order to portray a true picture of the Hispanic population throughout the United States.

The need to identify the number of qualified bilingual-bicultural Hispanic individuals to administer and deliver rehabilitation services was also addressed. It was felt that qualified bilingual-bicultural Hispanic individuals should be a part of the Rehabilitation Agencies in order to provide adequate services to the disabled Hispanics.

It was also suggested that demographic data on the Hispanic population may also be obtained from the University of Michigan in Ann Arbor. A group of Hispanic individuals recently conducted a nationwide Hispanic demographic study.

After the discussion, the following research needs in this area were identified:

Idenify the number and percentage of physically and mentally disabled Hispanics according to the distinct Hispanic populations, i.e., Mexican-American, Cuban, Puerto Ricans, Central American.

Identify the nature of the disabilities found among the various Hispanic populations.

Identify the impact of age, education, employment, and cultural variations among Hispanics as they relate to rehabilitation services.

Identify the components of the Hispanic family and their relationship to rehabilitation and employment factors.

Identify the problems involved in providing services to undocumented aliens.

Barriers to Rehabilitation and Utilitation of Services by the Handicappped Hispanic

The second paper was written by Drs. Arthur D. Linskey, Bill R. Arnold and Susan B. Hancock, Pan American University, Edinburg, Texas. This paper was titled "Barriers to Access and Utilization of Services by Handicapped Hispanics" and was presented by Dr. Linskey.

This paper consisted of a literature review regarding barriers to access and utilization of rehabilitation services as well as personal experiences and anecdotes of the senior author, Dr. Linskey. The materials presented included an historical description of research on barriers to utilization of services. The search for barriers was limited to attitudinal barriers created by cultural differences between service providers and service recipients. These attitudes included employers' attitudes, attitudes of Hispanics and their families, service expectations of Hispanics, and attitudes of rehabilitation service providers.

The historical description of barriers to utilization of services indicated that unconscious attitudes of service providers and parental attitudes of disabled individuals result in barriers to rehabiliation of disabled Hispanics. Some studies indicated that attitudes toward disabled Hispanics improve when service providers and parents of disabled persons have greater

knowledge regarding disabililties as well as when they have a quality relationship with the disabled person. Other studies, however, found no relationship between knowledge and contact with disabled Hispanics and the attitudes toward these individuals.

Dr. Linskey also cited literature indicating that unconventional service delivery methods have been identified as successful approaches to serve disabled Hispanics. These methods include identifying and reaching out to disabled Hispanics. The utilization of personal approaches rather than institutionalized methods in delivering services to this population and the use of bilingual-bicultural Hispanic service providers is used. In addition, caution was suggested in the use of assessment tools which remain inadequate to assess the needs of disabled Hispanics.

Dr. Linskey also indicated that the available literature describing the impact of employers' attitudes on the rehabilitation of disabled Hispanics varies. The information available is very limited; thus no conclusions can be reached in this area.

It was also mentioned that the literature describing the attitudes of handicapped Hispanics toward themselves and toward available rehabilitation services also yields contradictory findings. Some studies indicated that parental attitudes toward rehabilitation services strongly influences the utilization of available services. Other studies show that different levels of acculturation and socio-economic status, and not parental attitudes, are the factors influencing utilization of rehabilitation services by disabled Hispanics.

The under utilization of rehabilitation services by Hispanics was also attributed to underlying cultural perceptions of mental health held by the Hispanic population. Several studies cited indicated that Mexican-Americans react to disabilities differently than members of the dominant society.

The section describing the Hispanic expectation of rehabilitation services reviewed literature identifying factors which result in Hispanic clients adhering to or discontinuing mental health services. Factors describing cultural differences between clients and service providers were identified as hindering the understanding of therapeutic expectations. This section concluded that similarities of of expectations services providers and service recipients results in higher progression in rehabilitation.

The rehabilitation service providers' attitudes described varied. Some studies indicated that these service providers had negative attitudes toward handicapped Mexican-Americans. It was also indicated that handicapped Mexican-Americans receive limited rehabilitation services as compared to their counterparts from the dominant society.

Additional factors identified as barriers to the rehabilitation of disabled Hispanics were: ethnic differences between theraptist and clients; clients' preference for counselors of similar or different ethnicity; therapists' inability to communicate in the clients' primary language, and the Mexican-American preference for native healers or curanderos rather than physicians.

Reaction

Dr. Rosanita Cespedes, Director, Ethnic Student Affairs, University of Utah, Salt Lake City, Utah was the official reactor to Dr. Linskey's presentation.

Dr. Cespedes indicated that Dr. Linskey's presentation limited the review of barriers to access and utilization of rehabilitation services to attitudinal barriers. It was stated that these barriers are likely to be both internal as well as external. She cited studies describing treatment modalities, counselor ethnicity, language, socio-economic levels, education, age and other factors which impact on the utilization of rehabilitation services as well as the outcome of services to disabled Hispanics. Furthermore, she recommended that all possible barriers be identified, rather than limiting the area to attitudinal barriers. It was also noted that the validity and reliability of many of the studies cited seem questionable. She indicated that traits were attributed to the Hispanic culture without isolating factors such as the socio-econimic or acculturation levels of the subjects. The factors which were not assessed are more likely to be associated with the traits attributed to the ethnic culture.

It was also suggested that minimum criteria be established to assess the validity and reliability of available studies. This process would allow the writer to classify the literature according to its accuracy and thus a foundation, based on good research, could be established regarding the state-of-the-art in the area of barriers to access and utilization of rehabilitation services by disabled Hispanics.

Dr. Cespedes also noted that results of different conferences were reported. These conferences often identified various factors as barriers to the rehabilitation of Hispanics. These factors, however, have no empirical base as they are opinions and assumptions of participants and should be attended to, considered, and tested before being accepted as true barriers.

Another issue discussed was the need to define critical terms. For example, there are major differences between the role and service rendered by different mental health providers; however, it was difficult to differentiate which studies were conducted utilizing rehabilitation counselors, psychiatrists, pschologists, or therapists.

Dr. Cespedes emphasized that it would be a disservice to the Hispanic culture, as well as harmful to the disabled Hispanics, to accept as facts issues that may or may not be true of the ethnic culture, may or may not be barriers to the rehabilitation of Hispanics or effective services to assist disabled members of that population.

An intense discussion followed Dr. Linskey's presentation and Dr. Cespedes' reaction. Conference participants indicated the need to separate good from poor quality research. In addition, that existing research of good quality should be pulled together and cited more up front than it was done in the presentation. Furthermore, it was suggested that based on the best research

available educated predictions should be made in order to have a working description of the barriers to rehabilitation of disabled Hispanics. It was also suggested that questionable studies should be duplicated utilizing adequate research methdologies to test the validity of the identified barriers.

Another issue discussed was the need to independently assess the Hispanic perception and attitudes toward physical disabilities from their perception or attitudes toward mental disabilities. It was felt that Hispanics perceive and react differently toward mental and physical problems.

It was suggested that the area of barriers to access and utilizaion of rehabilitation services to disabled Hispanics be divided into three general categories: barriers originating from the handicapped individual, that is, personal category; barriers originating from the professionals or service providers, and barrier resulting from society and cultural characteristics.

After the discussion the following research needs were identified in this area:

To study Hispanic cultural characteristics and their impact on the rehabilitation of disabled Hispanics, i.e., language, immediate and extended family, machismo, la palabra, personalismo, curanderismo, cooperativeness.

To study the perception and attitudes of disabled Hispanics and their family toward disabilities and toward rehabilitation services.

To study the use of mediatory structures in the Hispanic culture as strategies in rehabilitation and employment, i.e. clergy, the immediate and extended family, neighborhood groups, translators.

To study the preference of Hispanics for rehabilitation policies and programs designed to benefit them.

To study successful rehabilitation programs which incorporate Hispanic values.

To study the attitudes of employers and rehabilitation personnel toward disabled Hispanics and their impact on rehabilitation.

To study systems of early involvement to rehabilitation prior to the end of secondary school education.

To study the effect of different critieria of eligibility for rehabilitation services on rehabilitation outcome, i.e. eligibility criteria in Mexico is based on need, while in the U.S.A. it is based on the feasibility for employment.

To study the impact of currently utilized evaluation techniques on the rehabilitation of disabled Hispanics.

To study the impact of education, age, socio-economic and acculturation level of disabled Hispanics on the rehabilitation and placement of these individuals.

To study the impact of various treatment modalities on the rehabilitation and placement of disabled Hispanics.

To study the impact of differences between service providers and disabled Hispanics on the rehabilitation of these individuals, i.e. differences in ethnicity, age, socio-economic level, education, language, culture.

THE VOCATIONAL REHABILITATION PROCESS AND HISPANIC CULTURE

A paper "The Rehabilitation Process and Hispanic Culture" was presented by Orlando A. Rivera, Ph.D., Associate Vice President for Academic Affairs and Assistant Professor of Educational Psychology, University of Utah. Dr. Rivera showed how Hispanic culture characteristics might impact upon various phases of the rehabilitation process. The rehabilitation process was defined as one that ranges from casefinding or outreach through job placement. It also includes referral, evaluation, psychological examinations, rehabilitation counseling, rehabilitation planning, physical and mental restoration, training, and job placement. Illustrations were given as to the manner in which each of these stages would experience the impact of certain Hispanic culture variables. Those variables included language, la familia, personalismo, family roles, the role of the father, machismo, la palabra, cooperativeness, migrant and seasonal farmwork, and the practice of folk medicine.

Dr. Rivera emphasized that the cultural attributes used for this discussion are those most freqently found in the literature and are considered to be traditional Hispanic cultural characteristics. He explained that Hispanics in the USA are influenced by the dominant culture and are in a process of acculturation; some are monocultural Hispanic, others are monocultural Anglo, and many are to be found somewhere along the acculturation continuum. Their relative position on that continuum must be noted in order to assess the impact of acculturation, or sociocultural variables, on the rehabilitation process.

Another dimension he called attention to was the Socio-Economic Status (SES), of the client. SES may have an influence on the rehabilitation needs to be investigated. Certain variables, such as language, are more clearly understood and the solution is to provide bicultural/bilingual rehabilitation counselors. Others such as la familia, the extended family, and traditional family roles, (for example, the role of the father) can be resources to the client if recognized and used appropriately. It is possible to ignore family priorities and situational crisis and to label the client's failure to pursue a rehabilitation program as one of disinterest or even malingering. A different approach to casefinding and referral is needed, possibly one of outreach and advocacy, if the problem of under utilization of rehabilitation services by the disabled Hispanic is to be addressed

since they tend to relate to agencies on a personal rather than an organizational basis. Each of these variables is an opportunity for research and would not only enrich the available knowledge in rehabilitation, but would assist rehabilitation program administrators and rehabilitation workers more effectively to serve the needs of the disabled Hispanic.

Reaction

Dr. Thomas Oakland, Professor of Educational Psychology, University of Texas and editor of The Journal of School Psychology was the official reactor to Dr. Rivera's paper. He had reviewed all four papers and thought that he had learned from them. In his reaction, he elected to make observations that would contribute to the conference. He highlighted the complexity and diversity of the problems being discussed at the conference, each representing a different sphere in need of attention and investigation. This is further complicated by the changing world in which we live. The past was agrarian; we have gone through the industrial revolution, and some describe the new era as a high techology information processing revolution. Dr. Oakland, emphasized that we need to know about the future, as it is futile to prepare persons for jobs that will no longer exist. Dr. Oakland has conducted a review of the literature in education and psychology over twenty-two years. He found that only two percent of the literature was devoted to minority persons, and of that amount fifty-six percent was directed toward Blacks. He considers the amount of literature on Hispanics to be surprisingly small. In addition, he has found that the quality of the existing literature is poor. As a scholar, he strongly recommended that much more is needed but it has to be based on good research if it is to be competitive and be accepted for publication. He commented on the various issues discussed, and shared the observation that, "a mark of a professional in part is one who provides the best of his or her discipline in service to people. Part of our limitation is that we have not reached the peek of our knowledge. We do not know how to work effectively with all people. One of our barriers is that we do not know all that we need to know, that there are gaps in our knowledge, in our academic base for our work." He observed that much of the knowledge we are aware of comes from the Anglo community; we need to go beyond that, and Dr. Oakland said that there are valuable experiences and much talent in the Hispanic community that can be utilized to add to our knowledge base in rehabilitation.

The participants continued the discussion relative to Hispanic culture and shared their experiences and observations. These seemed to validate the Hispanic cultural characteristics presented and the influence they have on the rehabilitation process. It was pointed out in this discussion that much work and research is needed to clarify these and to establish an empirical base that allows for the study of the relationship between the demographic, cultural, and socio-economic variables and the outcome of rehabilitation services.

The recommendations were that support be given for research into Hispanic socio-cultural variables and their impact on the rehabilitation services.

COUNSELING AND THE REHABILITATION PROCESS

The fourth paper of the conference, The Disabled Hispanic and the Rehabilitation Process, was presented by Dr. Jose Lafitte, Professor, Department of Special Education and Rehabilitation, Hofstra University. His paper dealt with the later stages of the rehabilitation process.

Dr. Lafitte reported that a library search revealed there is a paucity of writing on the subject dealing with the adult disabled Hispanic. Most of the literature he found was concerned with the educational setting in which the child is considered disabled because of a language handicap. He conducted an ERIC search which revealed less than 35 studies dealing with the disabled/handicapped Hispanic and, of this number, only a few had some relevance to rehabilitation. Of the articles he was able to locate, few dealt with the rehabilitation of Hispanics in the later stages of the rehabilitation process i.e., counseling, training, placement, and follow-up services. In addition, the specific needs and problems disabled Hispanics bring to the rehabilitation facilities are not discussed in any detail in the current literature.

Dr. Lafitte emphasized the point that counseling, training, placement, and follow-up services are considered to be of paramount importance in the rehabilitation process, and that the proper provision of these services will usually determine whether or not the client is successfully rehabilitated.

In this paper the assumption was made that the process of counseling with disabled Hispanics is basically the same as that used with non-Hispanics, and that there are no basic differences in theoretical or practical counseling principles between the two groups. He did qualify this assumption by saying that there are significant differences in the applicaiton of the principles, theories, and techniques. Factors to be considered are language, family clergymen, privacy, "espiritistes" or "curanderos", and attitudes toward disabling conditions. He pointed out that the counseling process should be differentiated from psychotherapy, i.e., the emphasis should focus on common reactions to a physical or mental disability rather than on the subconscious aspects or on changing basic personallity traits.

Finally, Dr. Lafitte reminded the conference participants that job placement is the most desirable outcome to be obtained in rehabilitation; it is the "raison d'etre." He recommened a systems approach, similar to that developed by L. J. Henderson, which presents a holistic and systematic view of human and organizational interaction.

He concluded by observing that at the present time a unique, assertive, and organized effort is necessary to incorporate the Hispanic into the rehabilitation process.

Reaction

The reactor to Dr. Lafitte's paper was Mr. Jose Martinez, Rehabilitation Consultant, Hato Rey, Puerto Rico. Mr. Martinez agreed with Dr. Lafitte that the placement of clients in suitable remunerative jobs is still considered the culminating direction and purpose of effective rehabilitation work in the state, federal vocational rehabilitation program. He added, however, that we

have been thinking for many years of other ways and means to express the aims of rehabilitation programs today. He said, "Probably we must emphasize more strongly the right to happiness of all human beings rather than the economic values of these problems." He stated that rehabilitation today is a right and not a privilege and must always be available to Hispanics. He suggested that an exchange program be established with the University of Puerto Rico in order to enhance the training of rehabilitation counselors who work with Hispanics, with respect to cultural sensitivity. He also expressed a concern for the limited number of studies describing the subject of the adult handicapped Hispanic and stressed that a recommendaiton be made to the NIHR to support this area.

The previous discussion briefly presented each of the four papers and the formal reaction to each. In addition, it summarized and included qualifications generated by the active, and often energetic, discussions. The outcome of the conference is reflected in the statement that the result was greater than the sum of the parts. One clear message was that all research done in this area should have sound methodology and high standards to satisfy the expectations of the participants and the needs of the disabled Hispanic. This message is captured in the comment by Mr. Darld Long, NIHR, when he said, "I think that whatever comes out in terms of a monograph has to be more exact than a few surmises and a few guesses, and I think we're saying that the research we have is of questionable soundness, and that anything we do will have to be good if, in the final phase, it is to convince someone that it is worthwhile. In the real world it is going to take more than good logic, good sound reasoning, and an overwhelming case. It will take the commitment and dedication of everyone involved, and I think we have that as well as the support of many other interested persons. I believe that the research to be done can stand the test of validation and be of highest quality." This reflected the consensus of the conference and summarized the comments and exchanges of the participants' intense discussions. The participants demanded that knowledge be captured regarding the precise nature of the Hispanic cultural characteristics, the number of complexities of the disabled Hispanics in the USA, the impact of these variables on the rehabilitation process as well as on the delivery of rehabilitation services.

The NIHR conference of the state-of-the-art of the rehabilitation of disabled Hispanics found very little in the literature, and much of it is of poor quality. There are many unanswered questions regarding the Hispanic culture, the demographic characteristics of Hispanics, and the barriers to access to rehabilitation services by disabled Hispanics. In order to effectively meet their rehabilitation needs, it was determined that demographic traits and barriers have to be carefully defined and services have to be carefully evaluated. That the need for research in this area exists, was unanimously supported. Mr. Robert Davis, Region VI, summed it up well when he said, "The purpose of the meeting was that we get a statement of the state-of-the-art, and we have done that very well. The point has been made that great deficiencies exist in the knowledge and understanding of disabled Hispanics. These deficiencies need to be looked at candidly and forthrightly so that we can begin to get the attention of everyone here."

These observations led to the following recommendations:

- The establishment of a national clearinghouse for information on the Hispanic handicapped. Such a Center is needed both to provoke an explosion of information and to provide a screening mechanism for collecting, critically evaluating and disseminating only data of the highest quality.

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- Inter-American collaborative efforts be enjoined to pull together resources and efforts to improve rehabilitation of the disabled Hispanics in the United States and in Latin American countries.

- The standards for research be done on the rehabilitation of disabled Hispanics be highly professional, scholarly, and empirically based and of such nature that they can be competitive for publication in recognized referred rehabilitation journals for dissemination.

THE HISPANIC POPULATION: AN OVERVIEW

Julian Castillo

The Hispanic population is the second largest minority population in the United States. and it is predicted that by the year 2000 it will become the largest. This population consists of the following subcategories: Mexican origin, Puerto Rican origin, Cuban origin, Central and South American origin, and other Spanish origins. Because of the diversity in origin; this population has distinctive cultural characteristics. In planning for the provisions of services to this population an understanding of the distinctive cultural characteristics is essential. Unfortunately, there exists a dearth of information on the Hispanic population that is vital in planning appropriate and effective rehabilitation services. According to a report by Development Associates, Inc. (1982),

> "Historical trends and projections in the size, composition, and geographic distribution are among the characteristics of the Hispanic population that are needed to determine what type of services are required and where these services should be located. Without this information, it is extremely difficult to assess the adequacy of present programs or to plan for the future needs of Hispanics."

The content of this paper is directed at providing an overview of the Hispanic population in general and in specific to the Hispanic population with handicapping conditions. Attention is given to population figures, country of origin, age, sex, employment, education, income, insurance coverage, language spoken, marital status, and current knowledge and research of the literature which addresses the need of the Hispanic with handicapping conditions.

POPULATION SIZE, ORIGIN, AND GEOGRAPHIC DISTRIBUTION

In 1980, the United States Hispanic population, according to the Bureau of Census (1982), was represented by approximately one of every fifteen persons in this country. This is a conservative estimate because the figures were based on sample data and did not take into consideration all legal and illegal arrivals into the United States. Depending on the source of information, the number of undocumented Hispanic aliens is in the range of 5-7 million. A report prepared by Edward Fernandez from the U.S. Bureau of the Census (1979) indicates that the Hispanic population in this country as of March 1979 was 12.1 million persons. Estimates from the 1980 annual current survey placed the Hispanic population at 13.2 million, however; the Census counted 14.6 million. The differences in the figures between the Current Population Survey and Census Count are generally attributed to efforts for an increased participation of the Hispanic population in the count by encouragement efforts. awareness, and to the improvement in enumeration techniques.

A review of the population data provides the following figures for the Hispanic population according to origin (Development Associates, Inc., 1982; U.S. Bureau of Census, 1979):

	1950	1960	1970	1979	1980
Mexican	2,747,000	4,574,000	6,569,000	7,326,000	8,843,000
Puerto Rican	301,000	892,000	1,429,000	1,748,000	2,037,000
Cuban	202,000	289,000	631,000	794,000	922,000
*Other	763,000	1,172,000	1,871,000	2,211,000	2,802,000
TOTAL	4,013,000	6,927,000	10,500,000	12,079,000	14,604,000

*Includes Central or South America.

A comparison of the population data indicates a growth of over 250 percent of Hispanic population in this country. The Mexican origin more than tripled over the thirty year span while the Cuban and Puerto Rican origin population increased in excess of 450 and 500 percent. In view of the historical growth over the past thirty years, rough estimates indicate a potential Hispanic population in excess of 22 million by year 1990.

The data indicates that the majority of the Hispanic population, approximately 60 percent, reside in the Southwest with Arizona, California, Colorado, New Mexico, and Texas having the greatest numbers. Approximately 86 percent of the Hispanics living in the Southwest are of Mexican origin. There exists also a large enclave of Hispanics in metropolitan areas throughout the United States, such as Chicago and Detroit. Hispanics of Puerto Rican and Cuban origin are concentrated in the New York and Florida areas, respectively. Composition projections indicate that the number of Hispanics of Mexican origin will continue to be higher than the other origin representation in the Hispanic population in the United States. This projection is based on relatively high birth rates among the Mexican origin population and a continued increase of entrants from Mexico.

AGE, SEX, AND MARITAL STATUS

According to the data, the Hispanic popultion is young when compared to the non-Hispanic population. Figures collected in 1979 indicate a median age of 22 years for the Hispanic persons and a median age of 30 years for the non-Hispanic persons. Estimated data for a thirty year period, 1950-1980, also indicates a young Hispanic population with a relatively large population of persons under 15 years of age. Comparisons between the Hispanic and non-Hispanic young population show approximately 12.6 percent of the Hispanic is under 5 years of age while only approximately 6.9 percent of the non-Hispanic population is under 5 years of age. Estimates for 1980 indicate that approximately 32 percent of the Hispanic population is between the age of 0-14 years; 49.7 percent between the ages of 15-44; 13.4 percent between the ages of 45-64; and 4.9 percent are 65 years and older.

There appears to be a decline in the males per female ratio in the Hispanic population since 1950. The estimated ratios between 1950-1980 of males per 100 females is as follows: 1950-106; 1960-107; 1970-104; 1980-99.

Generally, women marry at a younger age than men. This is reflected in the data for 1979 which indicates a higher percentage of single Hispanic men than Hispanic women. The figures provided an estimate of 35 percent Hispanic men and 27 percent Hispanic women 14 years and older as being single. The collected data also indicated a significant difference in marital status between the sexes in the origin categories. The following table obtained from the U.S. Bureau of the Census (1979) current population report summarizes the marital status of the Hispanic population.

Marital Status of Persons of Spanish Origin 14 Years Old and Over, by Type of Spanish Origin and Sex: March 1979

(For the United States)

Sex and origin	Total persons, 14 years old and over (thousands)	Marital Status			
		Single (never married)	Married	Widowed	Divorced
MALE					
Total	3,880	34.8	60.2	1.4	3.5
Mexican	2,383	34.0	60.9	1.6	3.5
Puerto Rican	476	39.2	57.4	1.4	1.9
Cuban	325	33.4	63.1	0.7	2.7
Other Spanish[1]	695	35.5	58.6	1.3	4.9
Not of Spanish origin[2]	77,089	30.9	62.3	2.5	4.3
FEMALE					
Total	4,178	27.4	60.2	6.3	6.1
Mexican	2,391	28.2	61.5	5.8	4.5
Puerto Rican	636	31.9	54.8	5.0	8.4
Cuban	322	19.2	62.5	10.5	7.8
Other Spanish[1]	828	25.1	59.7	6.9	8.3
Not of Spanish origin[2]	84,439	24.1	57.8	12.1	6.0

[1]Includes Central or South American origin and other Spanish origin.
[2]Includes persons who did not know or did not report on origin.

The preceding information appears to demonstrate that the Hispanic population in the United States is growing rapidly with the age, and sex distribution approaching the proportions represented in the general population.

LANGUAGE AND EDUCATION

According to the 1976 Survey of Income and Education, approximately 80 percent of the Hispanic population resided in homes where Spanish is spoken with about 33 percent where Spanish is the predominant language. Hispanics of Cuban origin had the highest percentage (96) living in Spanish-speaking homes with over 50 percent of the households speaking predominantly Spanish.

Hispanics born outside the United States will rely more on the Spanish language for usual conversation than those born in this country. The survey

findings indicated that generally 66 percent of the Hispanics born in Mexico, Cuba, and Puerto Rico spoke Spanish as their usual language in comparison to only 20 percent of those born in the U.S.

A report by Development Associates, Inc. (1982) states,

> "Although there is a relationship between language spoken at home and the language a person usually speaks to advancement in school, a direct causal relationship cannot be assessed. An analysis of Hispanic ethnic subgroups indicates, for example, that Cubans have a high rate of educational attainment, yet also have a high percent of persons speaking Spanish at home. This suggests that other socioeconomic and cultural factors also influence the extent of schooling."

Studies indicate that the Hispanic population is significantly behind the non-Hispanic population in terms of educational attainment. Hispanic children between the ages of 5 to 15 show a lower enrollment rate than non-Hispanics. Additionally, the Hispanic student progresses at a slower rate than the non-Hispanic and has a higher rate of attrition. A 1978 survey of enrollment statistics of the Hispanic population indicated that 48 percent of the Hispanic persons between the age of 3 and 34 years were enrolled in school while 51 percent of the non-Hispanic persons were enrolled. The participation of Hispanic students in higher education increased by 12 percent for undergraduates, 15 percent for graduates, and 22 percent in professional programs, from 1978 to 1980. However, the increases are not significant in relationship to the Hispanic population. According to Astin (1982),

> "All minority groups are increasingly underrepresented at each higher transition point in the higher educational system. Chicanos, Puerto Ricans, and American Indians are the most underrepresented of the four minority groups. The single most important factor in underrepresentation is their extremely high rate of attrition from secondary school. The second most important factor is their greater-than-an-average attrition rate from undergraduate colleges."

The following table obtained from a bureau of Census Current Population Report (1979) provides an overview of the differences in educational attainment between the Hispanics of different origins as well as the non-Hispanic.

Percent of the Spanish-Origin Population 25 Years Old and Over, by Years of School Completed, Type of Spanish Origin, and Age: March 1979

(For the United States)

Years of School Completed and age	Total Spanish Origin	Mexican	Puerto Rican Origin	Cuban Origin	Other Spanish Origin[1]	Not of Spanish Origin[2]
PERCENT COMPLETED LESS THAN 5 YEARS OF SCHOOL						
Total, 25 years and over	17.6	23.9	14.4	6.9	6.7	2.8
25 to 29 years	8.4	11.7	2.6	(B)	2.1	0.5
30 to 34 years	11.8	16.1	8.6	(B)	3.1	0.6
35 to 44 years	13.5	19.0	14.3	4.8	3.8	0.9
45 to 64 years	21.3	30.0	18.5	5.5	8.3	2.6
65 years and over	44.9	64.3	(B)	19.3	20.5	8.3
PERCENT COMPLETED 4 YEARS OF HIGH SCHOOL OR MORE						
Total, 25 years and over	42.0	34.9	38.6	50.4	60.8	68.9
25 to 29 years	57.1	50.3	59.3	(B)	74.3	87.3
30 to 34 years	51.0	42.8	45.0	(B)	79.8	85.6
35 to 44 years	44.5	36.0	38.8	59.6	62.5	79.0
45 to 64 years	33.5	25.3	26.3	44.5	54.6	65.0
65 years and over	15.9	7.1	(B)	26.9	27.3	40.7
PERCENT COMPLETED 4 YEARS OF COLLEGE OR MORE						
Total, 25 years and over	6.7	3.9	4.1	12.0	13.8	16.9

B Base less than 75,000.
[1]Includes Central or South American Origin and other Spanish Origin.
[2]Includes persons who did not know or did not report on Origin.

Significant changes are taking place in our educational institutions which can contribute to improving the educational attainment of the Hispanic population. Bilingual education can provide for the improvement of the holding power of the public schools. Professional schools are emphasizing the recruitment of minorities; these efforts will enhance the opportunities of the Hispanic to attain a higher level of education. However, it must be recognized that inequities continue to exist in our educational systems and that changes in our educational systems must continue to be made to improve the access and participation of the Hispanic population.

EMPLOYMENT, OCCUPATIONS, AND INCOME

A review of employment data indicates that in 1979 there was no significant difference in the families with no workers in the Hispanic (14 percent) and non-Hispanic (13 percent) households. However, approximately 8 percent

of all Hispanic men in the civilian labor force were unemployed in comparison to 6 percent of the non-Hispanic men in the civilian labor force. Likewise, there was a difference between the Hispanic women (10 percent) and non-Hispanic women (6 percent), (Bureau of Census, 1979). The participation of the Hispanic males and Puerto Rican females in the labor force showed a general decline between 1973 and 1977. During this same period there was an increased participation for the Hispanic females and Hispanic males of Mexican and Cuban origin. Data indicates a definite difference in employment characteristics between the various Hispanic subgroups. Estimates provided in the 1979 Current Population Report point out that the percentage of families with no workers was 34 percent for Puerto Ricans, 12 percent for other Hispanics, and 9 percent for Mexicans. An overview of the occupations in which the Hispanic population participates is illustrated by the followowing information obtained from the 1981 U.S. Bureau of Statistics.

PERCENT HISPANIC ORIGIN PERSONS 16 YEARS AND OVER
BY SEX AND OCCUPATION: 1976 and 1980*

Occupation	Male							
	Total Hispanic Origin		Mexican Origin		Puerto Rican Origin		Cuban Origin	
	1976	1980	1976	1980	1976	1980	1976	1980
White collar workers	25.4	25.8	20.1	20.4	23.3	28.5	37.5	41.5
Professional, technical, manager	15.6	15.8	11.6	12.6	12.9	14.7	24.1	26.1
Sales and Clerical	9.8	10.0	8.5	7.8	10.4	13.8	13.4	15.4
Blue collar workers	60.2	59.1	67.3	64.8	52.1	52.0	46.6	46.2
Skilled craftsmen	21.2	21.8	22.5	23.3	16.5	14.4	18.5	20.6
All others	39.0	37.3	44.8	41.5	35.6	37.6	28.1	25.6
Service workers	14.2	14.7	12.2	14.1	24.1	19.2	15.7	11.7
Farmworkers	.2	.3	.2	.3	--	--	--	--
	Female							
White collar workers	47.3	50.4	46.2	48.8	45.4	56.3	45.6	48.5
Professional, technical, manager	11.2	13.2	9.6	10.9	8.4	16.3	12.5	13.7
Sales and Clerical	36.1	37.2	36.6	37.9	37.0	40.0	33.1	34.8
Blue collar workers	28.8	28.9	26.0	28.9	36.3	30.5	46.3	39.1
Skilled craftsmen	2.2	2.5	2.6	2.5	1.9	2.1	3.7	3.1
All others	26.6	26.4	23.4	26.4	34.4	28.4	42.6	36.0
Service workers	23.8	20.6	27.6	22.2	18.2	13.2	8.1	12.4
Farmworkers	--	.1	.1	--	--	--	--	--

Source: U.S. Bureau of Labor Statistics, 1981.
-- Rounds to or represents zero.

In general most Hispanic workers have an income that is substantially lower than the income of the non-Hispanic worker. According to 1979 data the median income for the Hispanic worker was approximately $5,900 in comparison

to $6,900 median for the non-Hispanic worker. An overview of incomes for the Hispanic population is represented in the following figures obtained from the 1979 Bureau of Census Current Population Report.

Income in 1978 of Persons of Spanish Origin 14 Years Old and Over With Income, by Type of Spanish Origin and Sex: March 1979

(For the United States)

Sex and Type of Spanish Origin	Median Income	Percent with Income below $4,000	Percent with income of $15,000 or more
BOTH SEXES			
Total, Spanish Origin . .	$5,893	37.0	12.6
Mexican	5,780	37.6	12.7
Puerto Rican	5,131	38.8	9.6
Cuban	6,352	35.7	11.7
Other Spanish Origin[1]	6,611	34.1	14.1
Not of Spanish Origin[2] .	6,864	34.7	21.6
MALE			
Total, Spanish Origin . .	$8,380	23.8	20.6
Mexican	8,380	23.8	20.6
Puerto Rican	7,807	27.1	17.8
Cuban	9,053	23.1	20.0
Other Spanish Origin[1]	8,823	22.9	23.5
Not of Spanish Origin[2] .	11,107	20.7	36.3
FEMALE			
Total, Spanish Origin . .	$3,788	52.2	3.0
Mexican	3,415	56.0	2.8
Puerto Rican	4,050	49.3	2.3
Cuban	4,052	49.6	2.4
Other Spanish Origin[1]	4,636	45.5	4.8
Not of Spanish Origin[2] .	4,085	49.5	6.0

[1]Includes Central or South American Origin and Other Spanish Origin.
[2]Includes persons who did not know or did not report on Origin.

In addition to the above figures, the report also indicated that 20 percent of all Hispanic families in this country, approximately 559,000 families, lived below the poverty level.

Changes in the labor force participation, vocation representatives, and income among the Hispanic worker will occur as the Hispanic increases his participation in higher education and moves from a non-urban to an urban area.

HISPANICS WITH DISABLING CONDITIONS

A review of the liturature resulted in very limited information regarding the number of Hispanics with disabling conditions and the types of disabilities. The data available is quite limited and in some instances statistically invalid because of small cell sizes. Consequently, there are no exact figures as to how many Hispanics are in need of rehabilitation services. The Association for Cross Cultural Education and Social Studies (1981) using 1976-1977 data from the National Center for Health Statistics, Division of Health Interview Statistics, reported that from 2.7 to 4.5 percent of all Hispanics suffered from chronic mental or physical conditions which impeded employability. The report (ACCESS 1981) also stated that:

> "The status of handicapping conditions among Hispanics has not been well documented... Using these figures and estimated number of Hispanics living in the United States, it can be reasonably argued that between one-half to one million Hispanics are currently eligible for vocational rehabilitation services."

The following figures showing the estimated percent of persons with a work disability in Arizona, California, Colorado, New Mexico, and Texas were obtained from the 1970 Census and 1976 Survey of Income and Education (S.I.E.). These figures are for the general population without ethnic groupings, however, they are included in this report because the majority of the Hispanic population reside in these states.

	1970 Census: Percent of 16 to 64 Years Old		1976 SIE: Percent of 18 to 64 Years Old	
AREA	a partial or complete work disability	a complete work disability	a work disability	a complete work disability
U.S. Total	11.2	4.3	13.3	5.8
Arizona	13.0	5.0	14.3	5.7
California	11.8	4.4	12.5	5.8
Colorado	10.8	3.2	10.8	3.9
New Mexico	12.1	4.7	13.1	6.3
Texas	11.1	4.0	12.8	4.9

Data from the 1976 SIE Survey also provided the following figures for Hispanics with a work disability and type of limiting health conditions.

Total	Total Reporting on Work Disability Status	With a Work Disability									
		Total		Prevented From Working		Not Prevented From Working but not Able to Work Regularly		Able to Work Regularly		With no Work Disability	
#	#	#	%	#	%	#	%	#	%	#	%
124,628	123,797	16,444	13.3	7,138	5.8	2,149	1.7	7,156	5.8	107,354	86.7
Of Spanish Origin											
5,815	5,770	698	12.1	367	6.4	96	1.7	234	4.0	5,072	87.9

Persons 18 to 64 Years of Age With a Work Disability By Type of Limiting Health Condition By Selected Characteristics (Numbers in Thousands)

	With a Work Disability									
	Percent Reporting any of the Health Conditions Listed Below:									
Total Number	Mentally retarded	Hard of hearing or deaf		Speech impairment	Serious difficulty in seeing or blind	Seriously emotionally disturbed	Crippled (orthopedic)	Arthritis or rheumatism	Trouble with back or spine	Any Heart Trouble
		Total	Deaf							
16,444	3.5	4.3	0.8	1.6	4.6	2.9	8.7	18.4	22.6	19.4
Of Spanish Origin										
698	2.1	2.8	0.2	0.8	4.2	2.5	6.5	17.6	22.6	14.8

The Social Security Administration has compiled some data on the esimated number of persons aged 18-64, according to disability status. Unfortunately, poor responses to the requested survey information does not lead to statistically valid analysis of data. The 1978 Disability and Work Data Book provides the estimated number of Hispanic persons by disability status and percentage distribution by disability status.

Ethnic Origin: Estimated Number of Hispanic Persons Aged 18-64, by Disability Status, Age, and Sex, Summer 1978

Ethnic Origin, by Age and Sex	Total Number	Disability Status				Not Disabled
		All Disabled	Severe	Occupa-tional	Secondary Limitation	
Total	127,048,132	21,871,843	10,872,143	4,866,553	6,133,147	105,176,289
Spanish Speak-ing	6,996,643	1,495,140	931,406	3/	3/	5,501,503
Mexican	3,908,948	815,056	530,447	3/	3/	3,093,892
Puerto Rican	860,032	269,358	219,493	3/	3/	3/

Ethnic Origin: Estimated Number of Persons Aged 18-64, by Age and Sex, and Percentage Distribution by Disability Status, Summer 1978

Ethnic Origin, by Age and Sex	Total Number	Disability Status				Not Disabled
		All Disabled	Severe	Occupa-tional	Secondary Limitation	
Total	127,048,132	17.22	8.56	3.84	4.83	82.79
Spanish Speak-ing	6,996,643	21.37	13.32	3/	3/	78.64
Mexican	3,908,948	20.86	13.58	3/	3/	79.15
Puerto Rican	860,032	31.32	25.53	3/	3/	3/

Data available, even though it is limited in scope, does indicate a significant number of Hispanics reporting disabling conditions. More accurate data is needed regarding numbers, types of disabilities, and accessibility and acceptability of services in order to design effective rehabilitation services for the Hispanic population.

INSURANCE COVERAGE

It appears that health insurance coverage contributes to an increased accessibility and utilization of health services. A study of the physical and mental health disabilities and rehabilitation needs of the older Hispanics of Los Angeles county (Kemp, 1982), indicated that respondents who had physical problems and had health insurance were more likely to see a physician. Unfortunately, according to a Public Health Service Report (PHS, 1980):

> "The lowest level of insurance coverage were among the Hispanic population, particularly among the poor Hispanics."

No other reference was available regarding insurance coverage specifically among the Hispanic populations. However the information available on health insurance coverage can be extrapolated to the Hispanic population to provide a rough approximate. According to Hyman (1975) approximately 80 percent of the population under 65 years of age have some form of private health insurance. But deficiencies in the insurance system leave a number of groups with no health insurance protection. Hyman (1975) cites the committee for Economic Development in summarizing the groups that lacked insurance coverage as follow:

> "The uninsured were concentrated among the poor. As many as 64 percent of people with family incomes of less than $3,000 and 43 percent in families with incomes of $3,000 to $5,000 were insured.
>
> Among the categories of people less often insured were the unmarried (24 percent were not insured), the widowed (29 percent), the divorced (30 percent), and the separated (49 percent).
>
> People with various kinds of disabilities were also often uninsured. Among those limited in some degree by disability in pursuit of their major activity, 30 percent of those under sixty-five were not insured. Among those unable to carry on their major activity, as many as 51 percent were uninsured.
>
> The uninsured were also often to be found among the unemployed. In many instances, even brief periods of unemployment resulted in a loss of protection, despite many efforts to extend coverage during interruptions of work and sustained unemployment.

Occupations in which coverage is relatively limited include service workers (26 percent) and farm workers (52 percent)."

A relationship of the information on the groups that lacked insurance coverage with the preceding demographic information of the Hispanic population indicates the increased probability of the Hispanic not having adequate health insurance coverage.

CONCLUSION AND RECOMMENDATIONS

The overview of the Hispanic population in the United States presented in this paper provides adequate demographic information. Data on total population size, origin and geographic distribution, age, sex, and marital status, education, employment, occupations, and income appears to provide good estimates for the Hispanic population. Unfortunately, data relating to handicapping conditions and health insurance coverage within the Hispanic population are lacking.

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BARRIERS TO ACCESS AND UTILIZATION OF SERVICES BY THE HANDICAPPED HISPANIC

Arthur Linskey, Bill Arnold & Susan Hancock

Barriers confronting persons with disabilities exist in many forms: physical, social, economic, psychological, educational and geographical. Although various types of barriers will be mentioned, this issue paper will focus on the attitudinal barriers created by the contrasts between the culture of a majority population, principally Anglo-American, and that of a minority population, principally Mexican-American.

Culture is a dominant influence that is too easily under estimated because, in many respects, it is so subtle. Each culture has distinctive characteristics which differentiate it from other cultures, with language generally reflecting the most commonly identified variable. Significant differences in dominant cultural values, reflected by the characteristics of service providers with their service delivery systems and materials. and the values of the handicapped client have the potential for contributing to uncomfortable relationships and barriers to services (Sasano & Shepard, 1973).

Stereotypes exist in society which make securing employment extremely difficult for culturally diverse, handicapped persons. U.S. Department of Labor statistics have consistently documented a high rate of unemployment among ethnic minority group members. However, little research has addressed the nature of the interaction between cultural variables, client expectations regarding services, personality variables, socioeconomic status, educational level, geographic locale and handicapping conditions as they impact on rehabilitation services. Fair (1980) has suggested that both minority statuses together, i.e., having a handicapping condition and being an Hispanic, may produce "double-barrelled" discrimination.

Additionally, it is important to reaffirm that the term "Hispanic" represents numerous diverse populations, most prominently the Mexican-Americans, Cubans, Puerto Rican mainlanders and Puerto Rican islanders. Cultural differences can be assumed to exist among these Hispanic populations. Further, it seems reasonable to hypothesize that such cultural differences between and among Hispanic populations are historical in origin but are affected by geographic region, socioeconomic status, educational level and rural-urban locale. Therefore, it becomes imperative to scrutinize closely all research which presumes to reflect the "Hispanic" culture.

With this in mind, the issue paper will concentrate on the following areas affecting the Hispanic handicapped: (1) the historical context of current research on barriers to employment; (2) employer attitudes as barriers; (3) attitudes and service expectations of the Hispanic handicapped and their families; and, (4) attitudes and characteristics of rehabilitation service providers.

Following an overview of these areas, critical comments and cautions regarding current research will be presented along with recommendations for future research.

Method

The content of the issue paper reflects three primary sources of data: (1) the personal experiences and anecdotal materials of the senior author; (2) a personal search and review of books and articles relating to the issue of barriers and the handicapped Hispanic; and, (3) a computer-assisted search of the following data bases: National Institute of Mental Health, National Rehabilitation Information Center, Medline, Bilingual Education Bibliographic Abstracts, Family Resources Data Base, Health Planning and Administration, Dissertation Abstracts International, and Psychological Abstracts.

The information provided herein is intended to present a general review of the current state of the art in the area of attitudinal barriers as they affect the use of rehabilitation services by handicapped Hispanics.

Historical Context of Current Research on Psychosocial Barriers

A history of research on barriers to access and utilization of rehabilitation services can begin with the two-volume report by Holt (1958) on extensive research into the personality patterns of psychiatrists. The results uncovered unconscious discrimination by therapists and consequently limited access of culturally different persons to certain kinds of rehabilitation services. Almost all lower socioeconomic status (SES) clients, with limited English-speaking ability, received organic therapy in lieu of psychotherapy, which was reserved for the vast majority of higher SES, English-speaking clients. Seeking reasons for their behavior, these therapists concluded that their discrimination was based on language differences. The rehabilitation service providers assumed that clients experiencing significant difficulties in expressing themselves in English would be unable to respond to the more social types of therapy, such as psychotherapy.

During the 1960's mental health rehabilitation services providers reached a peak of interest in the conditions of mental health services to Hispanic persons in this hemisphere within the Inter-American Mental Health Studies Program, sponsored by the Inter-American Council of Psychiatric Associations. At its Conference on Mental Health in the Americas, which took place in Mexico City in 1968, hopes for cooperation were reflected by therapists representing Argentina, Brazil, Chile, Costa Rica, El Salvador, Mexico, Nicaragua, Paraguay, Peru, Uraguay and Venezuela. Yet, any attitudinal, economic, geographic and policy barriers to utilization of rehabilitation services by Hispanic populations went virtually unmentioned in the 11 lengthy reports, one from a service provider in each country.

A series of international research studies sponsored by Michigan State University's International Rehabilitation and Special Education Network - IRSEN, now named the University Center for International Rehabilitation - UCIR, sampled Hispanic populations in Colombia and San Antonio, Texas. The studies used the Attitude Behavior Scale toward the Mentally Retarded (ABS-MR) with Special Education/Rehabilitation Personnel (SER) and Parents of the

Mentally Retarded (PMR), as well as with teachers and parents not directly involved with the mentally retarded. Reporting on attitudes toward the mentally retarded in Colombia, Gottlieb (1970) found that PMR had fewer attitudinal barriers than SER toward the mentally handicapped. He failed to find any significant relationship between amounts of knowledge about the contact with the mentally retarded and SER's or PMR's attitudes. Using the same IRSEN research model, Morin (1970) investigated the predominant value orientations and attitudes held by four samples of Mexican-Americans in a south Texas urban area (San Antonio). The samples included regular schoolteachers, parents of non-retarded, SER and PMR. In contrast with the Colombian data, he found that the amount of knowledge about and the quality of contact with the mentally retarded were related in a significantly positive manner to favorable attitudes. In San Antonio, Morin found that favorable attitudes toward the handicapped among these Hispanic-Americans increased as the levels of the ABS-MR become more "action-oriented."

Dr. Ibarra-Ibarra, director of Rehabilitation in Mexico, represented Hispanic America at a June, 1979 conference entitled "On Being Hispanic and Disabled: the Special Challenge of an Underserved Population." He reported that despite the efforts of those committed to rehabilitation in his country, many emigrants from Mexico to the United States with mental or physical disabilities will be relatively untrained in the technical, informational and psychosocial skills needed to be effective clients within the rehabilitative process. Reporting on the conclusions reached at the Conference, Bridges (1979) noted the diversity of Hispanic populations in the United States. She also itemized some of the outstanding conditions and needs shared by the Hispanic minority: (1) Hispanics are underrepresented in relation to their percentage of the overall population among recipients of vocational rehabilitation services; (2) programs which have been successful in identifying and reaching out to disabled Hispanics in need of service have done so through unconventional means, e.g., within communities and families of the disabled in a personal way rather than through the impersonal administration of cases from office and agency settings; (3) professional bilingual/bicultural Hispanic personnel are underrepresented in all areas of the rehabilitation and related professions; and (4) evaluation tools for assessment of Hispanic individuals remain generally inadequate, compounded by the misuse and the misinterpretation of evaluation results due to cultural bias.

Dr. Chow-Chong, President of the Sociedad Tamaulipeca de Rehabilitacion y Educacion Especial, along with Dr. Tohen-Zamudio, President of the Sociedad Mexicana de Rehabilitacion, both orthopedic surgeons in Mexico, have hypothesized that the Hispanic handicapped population is most disserved by its attitudes of dependence on others, be they professionals, nonprofessionals or family.

Twice in 1982, the National Coalition of Hispanic Mental Health and Human Service Organizations (COSSMHO) held nationwide conferences to explore the special problems of the Hispanic handicapped. Without discounting the significant impact of negative socioeconomic conditions, of psychosocial stressors associated with cultural change and of the political under powering of Hispanic rehabilitation service providers in their respective agencies, COSSMHO conference participants faulted most rehabilitation systems for their absence of an adaptive, dynamic relationship with the Hispanic community

and its handicapped. Also, barrier-free access to and utilization of rehabilitation services were thought to be most effectively achieved when rehabilitation professionals creatively enlist the cooperation of key persons within the families of the handicapped Hispanic.

Attitudinal Barriers

Employer Attitudes

In a 1979 review of international research findings on the basic assumptions of disabled persons and their effect on the utilization of rehabilitation services, Cloerkes reported conflicting data regarding the impact of the community's attitudes, e.g., of employers, on the rehabilitative response of handicapped persons. He concluded that the relationship between employers' attitudes and the responses of persons with disabling conditions is more complex than is often assumed and that a thorough review of attitudinal research concerning the effects of culture on both the attitudes is desperately needed. In fact, no data were available regarding attitudes toward handicapping conditions either among Hispanic or non-Hispanic employers.

Yet, the importance of employment to the rehabilitative process is underlined in Vega's study (1982). Researching 150 Mexican-Americans with physical and mental disabilities, he found that unemployment and underemployment predicted more difficulty in self-estimate of illness, more depression, anxiety, psychosocial dysfunction and cognitive impairment.

Personal and Family Attitudes

Studies which focus on the attitudes of Hispanic handicapped persons toward themselves and toward available rehabilitation resources, as well as the attitudes of their families, are few in number. Even where such studies exist, a certain percentage have investigated nonemployable populations. In 1975 Magnum found that Mexican-American children with mild retardation identified with a particular family member, which suggests an important support system resource. Researching acceptance-rejection attitudes of lower socioeconomic status mothers whose children were measured to be mentally retarded, Vasquez (1973) uncovered data which described them to be significantly more accepting of their children as handicapped than were comparable non-Hispanic mothers. Investigating the differences between Mexican-American and Anglo parents in ascribing the causes of their children's mental retardation, Baca (1975) found that parents of differing cultural backgrounds underwent similar subjective experiences in trying to understand and cope with their children's disabilities. However, Mexican-American parents, more significantly than Anglo parents, assumed a theological etiology of their children's conditions. In addition, those from rural areas used more folk medicine; yet only a few attributed superstitious causes to their children's disorders. In this same study the investigator found that the extended family strongly influenced the parents' decisions related to the use of rehabilitation/special education services available to the disabled child.

Casas and Keefe (1978) reported similarly that the extended family of the Mexican-American handicapped became involved in major treatment decisions. In a study of Hispanic persons with addiction disorders who were receiving rehabilitation therapy, Jimenez (1977) concluded that Puerto Rican addicts received significantly more support from their extended families than did a comparable sample of Anglos with similar disorders. However, Vega concluded that Spanish-speaking Mexican-Americans, in contrast to those who prefer to speak English, were not only significantly less acculturated to the dominant Anglo culture but also experienced significantly less support from family and friends. The researcher found that the families of the less acculturated Mexican-American handicapped often belong to a sub-society whose members are prone towards traumatic life events within the alien dominant culture and who are significantly limited in the resources which they can offer their handicapped members. In the same research, English-speaking Hispanic and Anglo handicapped persons did not differ significantly in the areas of depression, anxiety and psychosocial dysfunction. Comparatively, they experienced significantly fewer of these mental disorders than did the Spanish-speaking Mexican-American handicapped.

As indicated, data related to the role of the family in the rehabilitation process are not conclusive. Luetke (1976) found that parents of Mexican-American handicapped children indicated acceptance of the need for special education programs for their children but dissatisfaction with the programs provided. Their complaint centered on the denial of first or home language experiences, creating what these parents believed to be an unnecessary language barrier. While reporting no functional development of English as a second language for their children, they raised the question of why sign language or "total communication" was not being taught. In a study of the attitudes of the families of Mexican-American handicapped children who had been institutionalized, Vasquez (1973) reported that parents expressed general satisfaction with the principle of special services for their children without knowing many details about the characteristics of those services and about their potential for rehabilitation of their children.

In a study of disabled Mexican-American farmworkers, de la Torre (1978) found that language was a significant variable limiting the awareness of community resources and, to a lesser degree, the amount of community involvement in the rehabilitative process. Other cultural variables were suggested as factors which probably limit the utilization of services by Mexican-American handicapped migrants and their families and which need to be the focus of more rigorous study. In his conclusions, de la Torre recommended that all rehabilitation personnel working with disabled Hispanic farmworkers identify cultural variables which impact uniquely on the effective delivery of services to this population.

In research related to the utilization of rehabiliation services, Keefe (1978) reported the phenomenon of under utilization of mental health services by Mexican-Americans. She hypothesized that phenomena such as under utilization of mental health services reflect an underlying cultural perception of mental illness and its treatment. This hypothesis is supported by Newton (1978). Faberga, Swartz, and Wallace (1968) found culturally distinct methods of disability among Mexican-Americans. Rogler and Hollinstead (1975) also suggested the importance of the cultural context of disability in determining a family's response. Edgerton and Karno (1971) concluded that acculturation level is an

important variable affecting the rehabilitation process.

Trevino, Bruhn, and Bruce (1979) determined that underrepresentation of Mexican-Americans in community mental health centers reflects barriers to utilization rather than lower need of service. Padilla, Carlos, and Keefe (1976), while noting the "extra-barrio" location of mental health facilities, concluded that geographics do not by themselves explain low rates of utilization by the Mexican-American handicapped. Rogler and Schweitzer (1982) proposed that the investigation of the "barrier theory" among Hispanic populations reach beyond frequency of utilization of services to develop research questions regarding the nature of those barriers which keep people away from the therapeutic benefits of local social service organizations.

Service Expectations

In one of the few studies conducted in this area, Chavez (1979) randomly surveyed 59 Mexican-American clients upon their initial contact with a community mental health clinic and during a follow-up period. She was interested in analyzing initial treatment expectations of these clients and determining if selected expectations were predictive of discontinuance. Characteristics which were found not to be predictive of discontinuance included sex, education, marital status, language preference of the client, and language or ethnicity of the therapist. Older clients, however, continued treatment more frequently. With regard to client expectations, those anticipating consejos (consultation) and relief from los nervios (anxieties) were the most likely to remain in treatment, while those expecting recetas (prescriptions) from the therapist were the least likely to return. Additionally, the Mexican-Americans entering treatment who expected to participate actively tended to remain in therapy, as did those who were uncertain of their role. Those entering treatment cautiously or in a passive manner tended to drop out. With regard to how the therapist behaved, individuals expecting a mutual problem-solving "sorter" role and those without expectations continued treatment. Those looking for an expert or parent discontinued. Also, respondents preferred therapists fluent in Spanish who displayed personalismo.

In another paper Buchanan and Choca (1979) suggested that cultural differences in interaction patterns hinder the understanding of therapeutic expectations. They proposed to bridge these differences through the culturally appropriate therapist etiquette which, first, demonstrates to clients that they are responsible persons and which, secondly, shares related experiences providing a basis for communication.

Both Simonton (1978) and Frank (1978) described the importance of treating the sick person as a totality, not just as a body in need of repair. The similarity of expectations and faith of the patient and the professional substantially increases the amount and rate of progression in rehabilitation.

Rehabilitation Service Provider Attitudes and Characteristics

In the identification of potential barriers, studying the effect of the rehabilitation professional on utilization of services is crucial. Lorion

(1974) concluded that the problem of barriers encompasses all cultures. He identified the rehabilitation service provider as the barrier. He cited the difficulty of middle-class professionals in working with the poor and with the "non-Yavis" people, i.e., clients who are not youthful, attractive, verbal, intelligent and successful.

Martinez and the Hijos del Sol staff (1981) asserted that the oppressed, those whose lives most need improvement and have the least power to design or implement change, benefit only by accident from all fields affecting the quality of human life. Too frequently a dominant culture rehabilitation service provider diminishes the Mexican-American handicapped client's confidence in himself and in others.

Rivera (1974), studying the characteristics of Mexican-American rehabilitation clients and of their rehabilitation counselors, reported that the counselors not only had backgrounds which were distinct from their clients but also perceived themselves as having very different value systems. His research found that Chicano clients were processed in the system more slowly than Anglo-Americans, that relatively less time and materials were spent in diagnosing and evaluating Chicano clients, and that these clients were proportionately less often rehabilitated vocationally. Chicano clients were more likely to be provided personal adjustment training rather than vocational, technical or higher educational training.

Acosta (1975) found that Mexican-Americans in therapy responded best to Chicano nonprofessionals. Both groups of clients (Mexican-Americans and Anglo-Americans) seemed to prefer either Anglo professionals or Chicano nonprofessionals as being more skillful, understanding, trustworthy and attractive. Jacobs (1975) stressed the need for attention to the security of the Hispanic client so that there is integration of beliefs, practices and characteristics. Betances (1982) stated that unless the professional knows the language of the people who need services, he cannot rehabilitate them. Adapting to new clients and their unique characteristics, according to Betances, is not a new experience for any social service field. Morales (1978) emphasized the need for practitioners and agencies not bound by traditional models of clinical practice.

With global strokes Kleinman (1978) knolled the failure of western medicine. Unlike western physicians, native healers spend up to 1500% more time explaining the disability and the treatment to the patient than do their professional counterparts. Concentrating on the social and cultural aspects of treatment, they deal with sickness as a human problem affecting family functions, not as an isolated event in the life of the patient. Trotter and Chavira (1981) identified the curandero as the native healer of Mexican-Americans.

Recommendations

Amid all these descriptors there are realities of change and variation which are increasing among Hispanics. Betance (1982, p. 23) warned that "the category of Hispanic does not mean that there are a people who are Hispanic." Olvera (1980, p. 23) issued an important caveat: "The truth is that the Chicano is not a static person and must not be considered as such."

An age of change mandates a correlate age of information. More valid data are needed to meet the changing needs of the Hispanic handicapped, as well as the families, communities and technological world which surround them.

As Keefe and Casas (1978) have indicated for mental health research on the Mexican-American, the majority of existing literature focusing on barriers to the rehabilitation of the handicapped Hispanic reflects methodological difficulties and consequent unsubstantiated generalizations. The stereotypes which are perpetuated by such generalizations provide a potent barrier to effective, economical rehabilitation services. It seems apparent that many of the overgeneralizations have resulted from the failure to provide adequate consideration of unique Hispanic populations, socioeconomic and cultural subpopulations, geographic locales and regional differences.

From this review several considerations require further analysis. First of all, current, adequate and useful Hispanic rehabilitation research is too scarce. Secondly, without coordinated efforts to review and evaluate critically the research being disseminated, it seems reasonable to assume that plans for the scientific/humanistic removal of barriers will be contaminated by guesswork and will result in a perpetuation of the status quo. Finally, in order to ensure the conduct of productive, useful research, a long-term commitment to research on eliminating barriers to service provision for handicapped Hispanics is needed, most likely coordinated within an organized, nurturing environment. Coordinating all research on the Hispanic handicapped within a single setting would logically promote stability and efficiency in both the dissemination and the utilization of research findings by providing a readily identifiable access point for rehabilitation service providers who need such data to improve their services.

With these considerations in mind, the authors present the following prioritized recommendations:

1. The establishment of a national clearinghouse for information on the Hispanic handicapped. Such a center is needed both to provoke an explosion of information and to provide a screening mechanism for collecting, critically evaluating and disseminating only data of the highest quality.

2. Funding for research on personal and social barriers which preclude and/or significantly limit the rehabiliatation of the Hispanic handicapped in such areas as: (a) employer attitudes and behaviors; (b) family attitudes and characteristics; (c) rehabilitation personnel characteristics, attitudes and behavior; and (d) the attitudes and personality factors of the handicapped Hispanic as they relate to accepting and accessing rehabilitation technology and services.

3. Funding for research on (a) external barriers such as treatment modality, counselor ethnicity, language, socioeconomic level and age to determine the extent and nature of their interaction with handicapping conditions among Hispanics, and (b) the interaction of external barriers with handicapping conditions affecting services and/or the outcome of services provided.

4. Funding for research on the effectiveness of approaches to eliminate barriers which preclude acceptance and utilization of rehabilitation services and technology by the Hispanic handicapped.

5. Funding for research to explore and document the feasibility and consequences of providing rehabilitation services in "sanctuary" centers for the handicapped among the estimated five million undocumented Hispanic immigrants in the United States who are ineligible for appropriate services.

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THE VOCATIONAL REHABILTIATION PROCESS AND HISPANIC CULTURE

Orlando A. Rivera

The Vocational Rehabilitation process, as practiced by State Agencies for Vocational Rehabilitation, is well established and reasonably similar across the country. The goal of vocational rehabilitation is to assist disabled persons to become self-sufficient. This is accomplished by preparing the individual for employment by providing services according to an Individualized Written Rehabilitation Program. The individualized nature of the rehabilitation model makes it somewhat unique and adaptable to individual differences. Rehabilitation Counselors are trained and experienced in working with the idiosyncrasies related to a variety of specific disability groups. It is the purpose of this paper to consider and raise questions with respect to the cultural differences of disabled Hispanics and how these impact upon the rehabilitation process.

Definitions

Hispanic Culture

The writer will stipulate that the Hispanic Cultural Characteristics presented are not necessarily empirically based and that there is a great need for research and study in this area. For the purposes of this paper, these descriptions will relate to traditional Hispanic cultural characterisitics as the baseline for discussion. It is recognized that acculturation and socio-economic status (SES) impact on these, but admit that the complexities of qualifying each point along these continua are confusing, and thus need for baseline to be consistent.

Acculturation

Every person has a culture. People acquire the culture of their particular group and that of the dominant society. Culture serves to pass on the collective wisdom of a group of people and to give order to their society. Culture is acquired by individuals beginning at birth (possibly earlier) in complex subtle ways. It might be said that it is learned at the mother's knee. It is an important part of every person's life. It has been internalized and cannot be easily changed. Anthropologists recognize the dangers of cultural engineering and that it may take generations to change completely from one culture to another. Thus, each person needs to be dealt with at whatever point they are on the acculturation continuum. In the case of Hispanics this continuum ranges from the traditional Hispanic culture to that of the dominant society. Some Hispanics have the traditional Hispanic culture of their particular group, e.g., they are monolingual Spanish, accept traditional societal sanctions, and behave according to them. Other Hispanics may be monolingual English and have the values of the dominant society. Many Hispanics are somewhere in between. An assessment of where a disabled Hispanic is along that continuum is needed in order to develop an appropriate rehabilitation program for him. Hispanics are a diverse, complex and heterogenous group and experience various levels of acculturation.

Socio-Economic Status (SES)

Hispanics also range along the continuum of the socio-economic status, although their distribution is toward the lower end. Unfortunately, a disproportionate number of Hispanics are poor, but their poverty is not necessarily culturally determined. Poverty has consequences, i.e., people in poverty may have limited experiences. It may be acceptable to introduce programs to compensate for deficiencies due to their poverty, but it should not be assumed that the person's ethnic culture is dysfunctional. People have survived in their environment because of their culture and since culture is dynamic it can help them cope with changes. An Hispanic person may be poor but still have a strong and rich culture. The Rehabilitation Counselor needs to be sensitive to the implications of SES and their impact on their disabled Hispanic clients.

Rehabilitation Process

In order to keep faith with the charge given by the steering committee, this paper will relate to the rehabilitation process of the vocational rehabilitation program. While rehabilitation may be defined more narrowly by the state/federal program and is qualified by having vocational goals, it is the primary rehabilitation service provider and the model is a well proven and effective one. The attempt will be to relate the impact of the Hispanic cultural characteristics to the various stages of the vocational rehabilitation process. These same constructs can be applied to a broader definition of rehabilitation.

Casefinding/Outreach/Referral Status 00

Most cases are referred to State Agencies for Vocational Rehabilitation by a network of organizations, professional workers or other individuals that have linkages and are familiar with the program. While casefinding is not unknown to vocational rehabilitation, the numbers of persons seeking services almost preclude the need for it. More recent priorities have emphasized services to the severely disabled and casefinding is now done to assure that these cases will not be overlooked. Casefinding is a very important approach with respect to disabled Hispanics for a variety of reasons.

A. External Conditions:

Hispanics are defined as a protected minority whose place in this society is often described by sociologists as one of Internal Colonialism. (Blauner, 1969, 1972) As a result of this condition they are disenfranchised, powerless, experience external administration and racism. They not only lack self determination, but are underrepresented in the institutions of society. This in all likelihood includes vocational rehabilitation agencies. They are often not in the network of referral sources that enjoy linkages with rehabilitation. There is a basis to assume an under utilization of rehabilitation services by disabled Hispanics, not unlike that in Health, Mental Health and other social services. (Karno, Edgerton, 1969, Padilla, Ruiz & Alvarez, 1975, Keefe, S.E., 1979) In addition, there seems to be a lack of sensitivity to cultural implications to the rehabilitation of disabled Hispanics. This results in misunderstandings and allegations that

disabled Hispanics lack motivation or are malingering and dependent and do not apply for or pursue rehabilitation services. The point is, the under utilization of rehabilitation services by disabled Hispanics is often due to conditions, attitudes and a lack of sensitivity within rehabilitation agencies and by rehabilitation workers to their unique needs.

B. La Familia:

A characteristic attributed to Hispanic culture is that of La Famila, or what is often described as the extended family. The extended family is a variable that is not unique to Hispanics, rather it may be characteristic of people living in rural areas. Most Hispanics now live in urban settings, but since they are recent arrivals they may yet have close extended family ties. Certain studies allege that Hispanics no longer enjoy the characteristics of the extended family or that they do not have the family as the strong support system as had been expected (Moore, 1971). Still, it is often mentioned as an Hispanic cultural attribute. The implications of this with respect to the rehabilitation process are:

1. Primary Source of Support

To Hispanics, La Familia is the primary source of support, i.e., an individual goes to the family first before seeking assistance elsewhere. (Keefe, Padilla, Carlos, 1979) This may impact the number of referrals to rehabilitation as there may be a reluctance by Hispanics to go outside the family with problems.

2. Overprotection:

Overprotection is generally regarded as a nemesis by rehabilitation counselors, particularly in cases of congenital disabilities. It is allegedly a greater concern with Hispanic families as it has been reported that disabled children are kept home to be taken care of and may not even be allowed to go to school. (Zayas, 1981)

3. Family Priorities:

The concept of La Familia, as inculcated into Hispanics by their culture which demands a certain loyalty to their family with individual aspiration and interest subordinated to the needs of the family. In certain cases, this may seem to rehabilitation workers as a disinterest in the rehabilitation program by the disabled individual. It may not be a case of disinterest by the individual, rather it may be that the problem has a lower priority to the family than a crisis problem or a situational concern of the family that has to be attended to before the client can feel free or to have the luxury of pursuing his/her own rehabilitation program. In many cases the rehabilitation counselor may be very helpful in mobilizing resources that may solve these problems, e.g., making referrals to an organization to help with presenting problems, such as paying the rent or having the lights turned on. After these are taken care of the rehabilitation program of the client can go forward. Some counselors may not feel it to be their job to work with other family members, but

it is often a reality that unless these problems are resolved that little or no progress may be obtained. It seems that Congress understood this when it passed the 1967 Ammendments of the Vocational Rehabilitation Act for rehabilitation of disabled migratory and seasonal farmworkers, which was designed for them and for their families.

C. Personalismo:

It is alleged that Hispanics relate to institutions through persons or acquaintances, rather than through the organizational hierarchy. That is, they may seek services in an agency where they know someone rather than apply directly to the appropriate office in their area. Until recently, there have been few Hispanic rehabilitation workers with whom the disabled Hispanic could identify or that they knew personally from their community, and they understood. Thus, they may lack a familiarity or understanding of the Vocational Rehabilitation Agency and of its services. Thus, they have often not known that these services were available or that they were eligible for them.

D. Machismo:

For want of a better word, machismo is used to describe the attitude affecting the male who has been taught that it is his responsibility to provide for his family and to account for their behavior in and out of the home. He may see his life devastated if he cannot fulfill his role when he cannot work because of a handicap. Rather than admit that he needs help, a sign of weakness, he may unsuccessfully try to continue working. If he cannot work, the wife may be forced to leave her role as La Ama de la casa to get a job. There are serious consequences to these displacements of traditional family roles. As these shift, exacerbated generation gaps occur with the children who, lacking respect for the father, may not respond to the traditional cultural family sanctions and engage in behaviors that lead them away from school, involve them in delinquency and lead them into drug/alcohol abuse. If machismo is indeed a cultural characteristic of Hispanic males, the experience of a disabling condition may have a greater impact on his self image than it would on persons who perceive themselves and their roles less stringently.

E. La Palabra:

Hispanics are known to negotiate according to unwritten or verbal contracts, or acuerdos. A person's word (La Palabra) is binding, he is then honor bound. Thus, they may be uncomfortable and unfamiliar with formal or written procedures, e.g., application forms that must be signed, the verification of information, information release permits, and other documents that are often perceived by Hispanics as lack of trust by the agency and as a personal insult to the client. That is, a signature is required because the client's word is not sufficient, the implication being that the client will not honor his word. Furthermore, the client's signature is not sufficient, since additional documentation is needed to verify the situation. These formal written approaches seem so distant and impersonal to the clients that they feel that they will never qualify for or be selected for services and if they are, they are formally obligated. Hispanics are also particularly sensitive to disclosure of personal information such as amount

of income, indebtedness, and information about medical conditions. It is likely that questions about these personal matters represent an invasion of privacy and the violation of one's dignity. Some clients may not know how to respond to certain items on the forms that are otherwise not applicable to them but would seem to require a response. Rehabilitation workers conceivably could interpret the failure to return the forms as disinterest or a decision not to apply for rehabilitation services. It is standard procedure in vocational rehabilitation to require five bits of information, name, social security number, address, telephone number, presenting problems, to register a case. The application of the Hispanic disabled may not be processed due to the formality of these requirements. Then there are the migrant workers, for whom it is a luxury to have the time to go to town for an appointment only to be given another, whose survival depends upon taking advantage of opportunties to work.

F. Language:

Finally, but not least important is the lack of responsiveness of agencies to those who are monolingual Spanish or of limited English speaking ability. Providing written material in Spanish is of limited value since most translations tend to convey the same lack of cultural sensitivity and fail to communicate the rehabilitation message. In many areas, there are no rehabilitation counselors who speak and understand Spanish.

Summary:

There appears to be an under utilization of rehabilitation services by disabled Hispanics. The reason for this, the barriers to access, are discussed in issue paper number II. The solution is a need for outreach and advocacy. The literature supports the idea that rehabilitation counselors need to do outreach, i.e., go into the community, the home and become acquainted with community leaders, the clergy, families and to let them know what he/she does and what services rehabilitation has for the disabled.

Clients may not know of the rehabilitation services available, the application process or of their rights. In many cases, the disabled Hispanics may be limited in their ability to express their interests and needs or to demand services. In these cases, the role of the rehabilitation counselor would include advocacy. To many counselors, advocacy is anathema to their philosophy of counseling.

It has been the experience of counselors with the Hispanic disabled that this is often necessary if they are to be rehabilitated (Rivera, 1975).

Evaluation/Diagnosis Status 02- Applicant

The rehabilitation process includes an evaluation process that documents the existance of a disabling condition, physical or mental that constitutes a vocational handicap. With the assistance of a physician consultant, the rehabilitation counselor certifies the eligibility of the applicant.

The following is a brief discussion of the cultural characteristics that may impact upon the evaluation process or the diagnosis of a disability.

A. Folk Medicine:

Many Hispanics are not accustomed to regular medical care. Often they may rely on folk medicine and resort to medical doctors or health clients only in times of crisis. (Kiev, 1964) (Trotter & Chavira, 1981). Thus, Hispanics may not have family doctors, and they may misunderstand the need for a general medical or specialist examination. The need for these may require special explanation. There are other circumstances with which they may be extremely uncomfortable, e.g., having to competely disrobe for an examination or being examined by a physician of the opposite sex. They may perceive M.D.'s or Health Care Clinics negatively as they associate these with their illnesses and often attribute their health problems to their visits to them. Their feelings about those experiences may be strong enough to negate their persual of application for rehabilitation services.

B. Language:

Language is a concern in the practice of medicine. It has been a common experience of Latino M.D.'s that they are prohibited from attending to English speaking patients because they allegedly cannot communicate with them. It would seem that the same would be true of those who cannot speak Spanish who attend to non-English speaking patients.

C. Migrant and Seasonal Farmworkers:

Many Hispanics follow migratory and seasonal farmwork. There are significantly higher rates of certain illnesses (e.g., respiratory infections, gastrointestinal disorders and dermatitis and skin infections) among them than are found in the general population. These are caused by poor housing and sanitation, poor nutrition, lack of education, limited accessibility and availability of medical services, language and cultural barriers, working conditions, exposure to pesticides, and a higher frequency of farm accidents. (Olsen, 1982). It is often very difficult for the migrant who lives and works in the country to go to town for a medical examination and then lose a days work.

D. Client Reaction:

The reaction to medical procedures may be considerably different among certain Hispanics due to past experiences, e.g., a physician may order routine tests to determine the nature of a respiratory infection, including tests for T.B. and may not understand the alarm it causes the patient who associates T.B. with the disappearance of friends or neighbors who were sent to sanitariums and were never heard from again.

Summary:

Rehabiliation workers need to be very aware and sensitive to their Hispanic clients' perceptions of medical doctors, modern health care practices, and medical examinations, as they refer them for general medical or specialist examinations.

Psychological Evaluation of Hispanics

Vocational Rehabilitation requires a psychological evalutaion to determine eligibility in cases of mental retardation, and psychiatric or psychological evaluation when considering those with emotional problems. A good psychological evaluation can be a shortcut for establishing a valid IWRP and to give a basis of understanding of the client that will give support and direction to the counselor in the counseling process. It is very important when deciding the type and nature of psychotherapy to be given. If the client is to be trained, these evaluations are valuable to project the level of training to be provided and to alert the counselor to areas of problems and whether the client is stable enough for a rigorous program.

The psychological evaluation of the Hispanic is a particularly difficult endeavor, not because the task is arduous, rather because there is a lack of Spanish-speaking psychologists that can evaluate monolingual Spanish speaking Hispanics, limited English speaking Hispanics or that understand the implications of language acquisition and bilingualism (Mercer, J.R., 1976).

Valid psychological evaluations of disabled Hispanics are important to the rehabilitation process and it may be that without these, many clients will be overlooked or misunderstood. Some factors to consider are:

A. Language:

Hispanics in the United States range from monolingual Spanish to monlingual English with may different levels of limited English speaking ability along this continuum. For those that are fluent in English, testing and evaluation need not be too different from that of the general population. Interestingly enough, the same can generally be said about those who are monolingual Spanish with a background of having been raised in a Spanish speaking country. In these cases, all that is needed are the Spanish versions of the instruments and a Spanish speaking psychologist.

The Hispanics who fall somewhere in between may need a psychologist who is bilingual/bicultural and aware of the various cultural implications that impact on the testing and evaluation process. They need to determine, by clinical observation, the client's position on the acculturation continuum. This will determine when to use the English or Spanish version of the instruments and help to attend to other questions about their use. Many items on tests are culture bound, but when using individual tests, such as the WAIS, these can be handled clinically (Quintana, 1982). On paper and/or pencil tests, or group tests, these concerns have greater impact and it is more difficult to deal with them. Tests have value and there is a place for them when used professionally; when their limitations with the culturally different are understood, then they can be of tremendous value in rehabilitation. One way to validate tests for use with Hispanics is to establish local norms. Many believe, because of the abuse of testing, that it would be better not to use them at all (Olmedo, 1977).

B. Culture:

The psychologist needs to be sensitive to and understand the reaction that clients may have to the testing activities that they are subjected to, given their cultural backgound and their expected roles and behavior. For example, a traditional Hispanic male might take offense when told that he needs to go in for an examination and is faced by the Picture Completion subtest, a series of cartoons, the Block Design or the Picture Arrangement on the WAIS. To him these are children's games and he might consider it an affront to be asked to manipulate them, particularly if he is experiencing frustration with the testing and is not sure why he is there in the first place. It may not be strange to most of us if asked questions about religion, the Bible or things about government or taxes. Consider the Cuban, from Mariel, who has lived his whole life under a system where he has not heard of those concepts and his responses may reflect this. Or, if given the MMPI, certain Hispanics may consider that some of the items reflect normal attitudes and experiences and not the superstitions as they are regarded in this country (Quintana. 1982).

Extended Evaluation Status 06

Vocational Rehabilitating procedures provide for an eighteen (18) month extended evaluation for certain categories of disabled clients. There are cases that benefit from this approach, i.e., those whose eligibility is uncertain, or those for whom the development of an IWRP is difficult or those where it is unclear whether rehabilitation services will benefit them.

In view of the complexities associated with the evaluation of disabled Hispanics, as well as situational and external problems, the extended evaluation procedure might be a more effective way to work with some of these cases, rather than to not work with them at all. It would not be good if it delayed services indefinitely, for the clients will become discouraged if they do not experience tangible evidence of their rehabilitation process.

Closed-Not Rehabilitated Status 08

Cases referred to Vocational Rehabilitation may be closed as not rehabilitated after an evaluation determines that either 1) there is not the presence of a disabling condition that constitutes a vocational handicap, or 2) the disability, or a combination of conditions, are so severe that vocational rehabilitation is not feasible and it is not reasonable to expect that services will help them to become self sufficient.

The acceptance rate of Hispanics and the nature and reasons for acceptance or not acceptance into rehabilitation services would be valuable information and would make a good research question. One study found that the acceptance rate of disabled Hispanics was lower than for the general population (Rivera, 1974). Such a study would help to define barriers to access, the validity of the evaluation process and the nature of the client's perceived problems.

While it is impossible to generalize from one case, it can serve to illustrate experiences Hispanics have when waiting notification with respect to their application. One gentleman approached the writer to have a letter translated for him. The gentleman spoke little English and did not read it at all.

He had been a sheep shearer, work that is heavy, requires great skill and is hard on the back. Due to a back injury he could not work that spring. He was somehow referred to Vocational Rehabilitation and later received the letter in question. The letter in effect told him that his case was being closed at vocational rehabilitation as unfeasible, the word was actually used, because he lacked motivation as evidenced by his failure to respond to previous correspondence. The language in the letter was pedantic and used the inhouse terminology familiar to agency people. It was not only the technical English that confused the applicant, it seemed to be the counselor's ego need to exercise his power over his clients. When the counselor was asked about it, he continued his debasement of the client but could not explain why he did not visit the client who lived only three blocks from his office; and he could have easily made a home visit. This example is not that unusual.

Rehabilitation Plan Development Status 10

After a client has been certified as eligible, and has been accepted by Vocational Rehabilitation, he/she may be placed in Status 10 during which time the Individual Written Rehabilitation Program is developed. How long the client remains in this status may be due to various factors, the disability, the rehabilitation counselor's style or approach to his casework, the time of the year, etc.

Extended delays in the implementation of the plan may reinforce the disabled Hispanic client's distrust of the agency or the expectation that no services will be provided. An early implementation of the rehabilitation plan is recommended or, if not possible, a careful explanation should be given to the client if there are delays.

Rehabilitation Counseling Status 14

Too often the counseling provided by the Rehabilitation Counselor is overlooked as a valuable service. In Vocational Rehabilitation, counseling is provided without regard to economic need and is categorized as a specific service when no other services are provided. Much more is being written on the subject of Cross Cultural Counseling (Padilla, Levine, 1980, Pendersen, 1976, Sue, 1981). It would seem advisable that pre-service educational requirements include a course on cross cultural counseling and that in-service workshops be held for rehabilitation counselors that may be working with the culturally different. Another approach is to employ Hispanic counselors whose background and experience innately gives them an understanding of these cases. The ideal is to capture this knowledge and share it with all counselors. The literature supports the notion that there are cultural differences that impact upon the counseling process (Padilla, 1980, Pedersen, 1976, Sue, 1981). It follows that this is an important consideration for cross cultural rehabilitation counseling.

Physical/Mental Restoration Status 16

Basic to the rehabilitation process are the physical and mental restoration services provided to assist the disabled to overcome or cope with their

handicaps. These may include medical procedures, physical or occupational therapy, prosthesis and other aids and appliances, psycholtherapy, etc. These services are prescribed in the IWRP, and are considered necessary to the vocational rehabilitation goal. The agency may take into account the costs and reasonableness of these services as well as their availability from other service providers.

Physical restoration services vary in nature and some may be culture free. As discussed above, traditional Hispanics have their own concept of health care practices. They also may have apprehensions of those extant in this country. Certainly there is overlap, but the differences need to be understood if the rehabilitation program is to be effective for disabled Hispanics.

Mental restoration services are provided to assist persons with emotional problems to be restored or at least stabilized, in order that they may function in school or at work. The acceptance rate of Hispanics on the basis of mental problems is unknown, but it is suspected to be lower than the ratio for the general population. This assumption is based on three reasons: 1) the Hispanic cultural orientation toward mental illness, 2) the problems associated with the psychological evaluation of Hispanics, and 3) reports on the under utilization of mental health programs. In a study of disabled migrant and seasonal farmworkers, Cespeds (1982) reported that only fifteen percent of those accepted by Vocational Rehabilitation were accepted for mental reasons. Other reports indicate serious problems of alcoholism and drug abuse and depression.

It would seem that a special effort is needed to diagnose emotional problems among the Hispanics that constitute a vocational handicap and then accept these cases for rehabilitation services.

Summary

The assignment given by the Steering Committee to this writer was The Vocational Rehabilitation Process, Casefinding (outreach) through Physical Restoration and Hispanic culture. The assignment given to another writer was to continue where this left off and proceed through job placement. In a way, this is awkward as it is difficult to summarize half a paper.

In this paper, the Vocational Rehabilitation process as used by State agencies was used as the definition of rehabilitation. It is felt that this applies and can easily be broadened to more liberal definitions of rehabilitation.

In order to relate rehabilitation to the Hispanic culture, several characteristics were used as examples, i.e., language, la familia, machismo, la palabra, personalismo, curanderismo, fatalismo and others. This is not to say, that these are in fact Hispanic cultural characteristics as there is the need for an emperical base, but that they are often found in the literature. Also, it is not intended that Hispanic cultural characteristics are limited to those used in this discussion. Rather, an effort is made to demonstrate the possible impact Hispanic cultural characteristics might have upon the rehabilitation process.

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COUNSELING AND THE REHABILITATION PROCESS

Jose Lafitte

Introduction, Models and Policies

In the United States today, many disabled Hispanics seeking services from public and private rehabilitation facilities face a dual disadvantage. That is, in addition to the physical or mental disability, the client is faced with a second handicap - that of being Hispanic. He is often faced with the fact that many rehabilitation counselors are not properly trained to work effectively with Hispanic clients. The results of this inadequate client-counselor relationship are under utilization of services and unsuccessful closures, even when clients eventually are served by the agency. Another subsequent result is waste of efforts and resources, both for the client and the facility. This is a situation that has persisted to the present time when only a few states provide special rehabilitation programs to serve the Hispanic population - New Mexico, Texas, California, Michigan and Puerto Rico - (Suazo, 1981). This situation prevails, in spite of the fact that there exist governmental policies encouraging the provision of services to disabled Hispanics. However, there is yet to be developed a systematic method of providing rehabilitation services to this increasing segment of the disabled population.

The Hispanic population in the United States is the fifth largest Spanish-speaking group in the world, after Mexico, Spain, Argentina, and Columbia. Hispanics are also the fastest growing minority group in the United States today (Hispanics and Grantmakers, 1981). In spite of these realities, Hispanic Americans continue to be under represented in most rehabilitation facilities throughout the country, and a definite pattern of under utilization of services appears to be characteristic of Hispanic communities (Caste, 1979).

An effective rehabilitation professional who plans to work with Hispanic Americans must take into consideration the specific characteristics of this minority group - characteristics which make it unique and different from the general population of disabled clients. All basic steps of the rehabilitation process must be considered (outreach, evaluation, treatment, counseling, training, placement, aand follow-up services). These considerations must include a thorough understanding of the rehabilitation process, first of all -- and then specific training in the language and culture of Hispanic Americans.

Research Review and Needs

A review of the literature dealing with the adult disabled Hispanic shows a paucity of writings on this subject. Most of the existing literature is concerned with Hispanic children in educational settings in which the child is considered disabled because of a language handicap. The primary emphasis of these studies is on the communication barriers to language development and general academic learning. This is so, whether the child is in a monolingual or in a bilingual educational setting.

In rehabilitation agencies, however, the focus is directed primarily towards adults. Studies dealing with Hispanic children are helpful to those who are experiencing language and learning problems in schools, but these studies do do not concern themselves with those unique characteristics of the adult disabled Hispanic in need of help from rehabilitation programs as they currently exist.

Among the limited number of studies treating the subject of disabled Hispanics, only a few are concerned with the adult client in rehabilitation settings (Rivera and Cespedes, 1982; Dixon, 1981; Rehabilitation in the '80's, 1981; and Blanchard, 1979). These studies deal primarily with demographic information, identification of needs, problems in communication, outreach efforts, evaluation services and other related aspects of the rehabilitation process. An ERIC search revealed less than 35 studies dealing with the disabled/handicapped Hispanic; of this number, only a few had some relevance to rehabilitation.

This review of the literature revealed that there is a scarcity of studies dealing with the rehabilitation of Hispanics in the later stages of the rehabilitation process i.e., counseling, training, placement follow-up services. The specific needs and problems the disabled Hispanic brings to the rehabilitation facilities are not discussed in any detail in the current literature.

Counseling, training, placement and follow-up services are considered to be of paramount importance in the rehabilitation process. Counseling and placement, in particular, are essential to this process. The proper provision of these services will usually determine whether or not the client is successfully rehabilitated. Counseling and placement services, since they are offered regardless of the economic needs of clients, usually continue to be provided when agency funds are limited or curtailed.

This paper will deal with these later stages of the rehabilitation process. These services will be seen as a continuing unified process - the process of counseling. The term "counseling" will refer to any particular service or any combination of the above mentioned services. It may indicate those services offered to individuals or to groups during personal counseling, counseling during training or advising, vocational or job placement counseling, and counseling after employment or follow-up services.

Counseling in rehabilitation is a process by which a disabled person is helped to become more independent and self-sufficient. The assumption is made in this paper that the process of counseling with disabled Hispanics is basically the same as that used with non-Hispanics. That is, the same theories, techniques and approaches used with disabled non-Hispanics can also be used effectively with Hispanics. There are no basic differences in theoretical or practical counseling principles between the two groups. The same basic principles apply to both populations. There are, however, significant differences in the applications of the principles, theories and techniques.

Two important factors to be considered in the application of any theoritical approach used with Hispanics are the language and the culture of the client. A rehabilitation counselor working with Hispanics needs to be sensitive and

responsive to the specific needs of the individual client and the relationship of these needs to the language and cultural background.

Basic language skills are required in order to communicate with disabled Hispanics and to conduct an initial interview, to make arrangements for appointments and for coordinating types of activities that are part of the counselor's role. However, to conduct a counseling session effectively, the counselor needs to be comfortable and fluent in the language of the client. The counselor needs also to develop a comprehensive understanding and sensitivity to the Hispanic milieu in which the client functions. The understanding is often crucial to the rehabilitation outcome. These factors are important enough that, in addition to counselors, all personnel in agencies serving Hispanics such as secretaries, receptionists, and non-counseling staff, should develop the skills necessary to communicate effectively with the disabled Hispanic client.

Hispanics like Anglos, are not all alike. This is a truism that is sometimes ignored. There are different groups of Hispanics in the United States, each one functioning within a distinctive subculture. Each Hispanic group is significantly different from the others and should be considered as such. For instance, there are differences in language and culture among Mexican Americans in the Southwest and Puerto Ricans in New York, or Cubans in Miami, or Puerto Ricans in Puerto Rico. All are Hispanics, but there exist certain specific characteristics that make each group unique and different from the others. These language and cultural differences have been studied by various writers (Keefe, 1976; Marcos, 1973; and Saunders, 1954). This field of study is, however, in need of more systematic research to identify these characteristics and to incorporate the research findings in service delivery programs assisting Hispanics.

The role of the family is an essential factor to consider as an important support system in counseling Hispanics. The inclusion of significant others, especially family members, in counseling clients is a well known practice in rehabilitation today. Several studies have been made (Caste, 1979; Padilla, 1975; and Diaz-Guerrero, 1968) which indicate that Hispanics have much closer family ties than Anglos, a finding to be taken into consideration.

The local clergyman is sometimes the most available and willing to help professionals during counseling. This often happens in spite of their sometimes limited knowledge, training, and experience in working with disabled Hispanics.

The "espiritistas" or "curanderos" (faith healers and practitioners of native religions) are seen by some professionals working with Hispanics as possible participants to be considered in the therapeutic process. The role of the faith healers has been the concern of several writers (Garrison, 1975; Cresson, 1969; Karno, 1969; Kline, 1969; Kiev, 1968; and Torrey, 1968). Their participation as members of a therapeutic team is still a matter of great controversy. Nevertheless, the fact remains that "espiritistas" and "curanderos" are prominent members of Hispanic communities and are an integral part of the current folk medicine and healing practices of Hispanic groups in the United States.

In counseling with disabled Hispanics, individually or in groups, an important issue is the problem of adjustment of the client to the disability. This counseling process should be differentiated from psychotherapy. During this process, the counselor is not concerned with deep psychoanalysis of hidden aspects of the subconscious or with changing basic personality traits. The major aspects to be considered are the common reactions to a physical or mental disability such as shock, disbelief, denial, grief, helplessness anger, guilt, depression, and acceptance.

The reaction to a physical or mental disability varies in different cultural environments. In the Hispanic milieu, a disability is often seen as divine punishment for one's sins - usually sins of the parents of the disabled person. This is an area where the specific subcultural characteristics of the Hispanic client are of paramount importance to the counselor in order to understand and and identify the indivdual pattern of the client and help him reach higher levels of adjustment.

There seems to be a tendency in some counselors working with disabled Hispanics to be more directive and less client-centered in the counseling approach used. In extreme cases, the counselor becomes primarily an advisor and, since he knows best, tells the client what to do. This often results from an initial communication barrier which makes the development of understanding and insight, on both sides, difficult to achieve. The result is often disastrous. The client feels he is being manipulated, being told what to do by a person who does not really understand and lacks empathy towards him or his people.

Effective communication, as mentioned earlier, is of primary importance in counseling Hispanics. competency in communication includes the acquisition of both expressive and receptive skills, as well as a thorough understanding of the Hispanic culture. The language barrier is probably the most significant handicap to rehabilitation counselors working with Hispanics today. The use of interpreters is an alternative that may be considered when counselors feel they cannot adequately communicate with their clents. This can be especially helpful during initial interviews, job interviews, and counseling sessions where very important matters are discussed. Preferably, the interpreter should be from the same milieu as the client and must possess a thorough understanding of the language and the culture.

The presence of developmental gaps--educational, social, and vocational--are common occurrences found in disabled Hispanics. These gaps are, however, not usually indicators of limited abilities, but they result from lack of opportunities. These deficiencies are commonly found in members of minority groups. In many instances, these shortcomings can be easily overcome by identifying them as such, and by providing the proper kind of intervention, such as remedial education and proper exposure to those specific areas. Making assumptions of low functioning or limited rehabilitation potential based on these developmental gaps, without providing the proper remedial intervention, should be avoided.

Hispanics are greatly concerned with issues of privacy and confidentiality during counseling. For them "la ayuda" (help or receiving any kind of benefits from social agencies) is considered to be the last resort. This help includes rehabilitation services. The counselor must be aware of this

reality and explain the principles of privacy and confidentiality to the Hispanic client at the beginning stages of the rehabilitation process. preferably during the initial interview. This, among other things, helps in the development of trust that is crucial in any client-counselor relationship. Quite often, for instance, the client will test the counselor by bringing to the discussion minor and insignificant problems that have little relevance to the real problems he is experiencing. A proper response on the part of the counselor will encourage the client to discuss more important and relevant problems and issues. An honest, nonjudgemental, private and confidential acceptance on the part of the counselor will open the doors to a fruitful and rewarding counseling relationship with Hispanic clients.

Job placement is probably the most desirable outcome to be attained in rehabilitation. Whether it is seen as an event in the rehabilitation process, or as a process in itself, placement is considered by many to be the "raison d'etre" of rehabilitation. The most important components of job placement when working with disabled clients are occupational information, job development, job analysis, job engineering, job accommodation, placement and follow-up services.

Many Hispanics, being themselves members of a minority group in the United States, share characateristics common to other minority groups. They suffer from unemployment, low pay, underemployment, and discrimination by organized labor and employers. These are important factors to be considered by counselors working with Hispanic clients. This situation reaches pathetic dimensions with those undocumented workers, estimated to be over seven million in number, who work and live illegally in the United States today (Hispanic Grantmakers, 1981).

The two placement counseling approaches most frequently used in rehabilitation are the client-centered and the selective placement approach. Both of these techniques can be used with Hispanic clients, taking into consideration, of course, the strengths and weaknesses of each approach, the resources of the facility, and the skills of the counselor. The same rules, assumptions, requirements and considerations mentioned before in counseling Hispanics apply to job placement as well. That is, the theories and techniques used with Hispanics are the same as those used with non-Hispanics. The differences exist in the application of the theories and the techniques with special emphasis on the language and cultural differences of the individual client.

One recently developed placement counseling approach in rehabilitation which might be of considerable effect if it were to be applied to Hispanic clients is the "Systems" approach. This method, developed by L.J. Henderson in the middle thirties, presents a holistic and systematic view of human and organizational interaction. It has been incorporated recently (Geist & Calzaretta, 1982) into the rehabilitation process. Placement counseling in the Systems approach is seen as a social and open system, viewed as an organized holistic approach in which the client can be assessed from the intake to the closure stage. Counselors can use either selective or client-centered placement techniques with this approach. This Systems approach consists of ten sub-systems (client, health, family, education, society-sociological, employer, placement counselor-placement personnel, federal

funding, and other governmental resources). It places much emphasis upon environmental factors, such as the family and the social and cultural milieu of the client, all of which are factors of extreme importance in working with Hispanics.

Conclusions and Recommendations

Emphasis has been placed on the fact that the disabled Hispanic in the United States is, at the present time, among the most difficult clients to rehabilitate. Being Hispanic and being disabled are limitations each of which carries an array of medical, psychological, sociological, and cultural handicaps. An agency attempting to serve the disabled Hispanic population must take into consideration these limiting factors and provide the same quality of rehabilitation services extended to others with special adaptations in the application of the techniques used. These changes are dependent upon the specific sub-cultural differences and needs of the individual Hispanic client.

The rehabilitation counselor must be cognizant of the specific differences which exist among Hispanics in order to apply the proper technique necessary to become an effective helper. An essential requirement is that of being conversant in the language of the client and being knowledgeable of the nuances and variations of the Hispanic language and culture. These skills can be acquired if proper training is made available through established training programs and rehabilitation facilities serving the Hispanic population.

The research done in this field is not abundant. More practical and applied research is needed so that models to serve disabled Hispanics in rehabilitation settings may be developed in the future. This process could be initiated and incorporated in our present system as an additional research component in one of the already existing Rehabilitation Research and Training Centers around the country.

Current training programs in rehabilitation might take the initiative by introducing into their curriculum undergraduate and graduate courses in the language and culture of Hispanics. These existing courses in the rehabilitation of specific disability groups such as the deaf, the blind, the mentally ill and others. These offerings would be of significant value to those rehabilitation training programs located in densely populated Hispanic areas, such as the Southwestern United States, New York City metropolitan area, Southern Florida, and Puerto Rico. If these courses are offered, they ought to be incorporated into the curriculum in a well-planned and systematic fashion, together with an assertive and organized recruitment program to attract Hispanics into these rehabilitation training programs at both the professional and para-professional level.

At the present time, a unique, assertive and organized effort is necessary to incorporate the Hispanic into the rehabilitation process. Hispanics are under served by our current rehabilitation system. As clients, they are entitled to the best quality of services available. As professionals in the field of rehabilitation, they must be considered as participants in the provision of services to disabled clients.

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SECTION III

REHABILITATION ISSUES AND RESEARCH NEEDS

Issue: An overview of the Hispanic population in the United States provided adequate demographic information. Data on total population size, origin and geographic distribution, age, sex, and marital status, education, employment, occupations, and income appears to provide good estimates for the Hispanic population. Unfortunately, data relating to handicapping conditions and health insurance coverage within the Hispanic population are lacking.

Research Needs: More accurate data on the numbers, types of disabilities, and accessibility and acceptability of services in order to design effective rehabilitation services for the disabled Hispanic persons.

Issue: There are different groups of Hispanics in the United States, each one functioning within a distinctive subculture. Each Hispanic group is significantly different from the others and should be considered as such. For instance, there are differences in language and culture among Mexican Americans in the Southwest and Puerto Ricans in New York, or Cubans in Miami, or Puerto Ricans in Puerto Rico. All are Hispancs, but there exist certain specific characteristics that make each group unique and different from others.

Research Needs: More systematic research to identify these characteristics and to incorporate the research findings in service delivery programs assisting the Hispanics.

Issue: Emphasis has been placed on the fact that the disabled Hispanic in the United States is, at the present time, among the most difficult clients to rehabilitate. Being Hispanic and being disabled are limitations each of which carries an array of medical, psychological, sociological, and cultural handicaps. An agency attempting to serve the disabled Hispanic population must take into consideration these limiting factors and provide the same quality of rehabilitation services extended to others with special adaptations in the application of the techniques used. These changes are dependent upon the specific sub-cultural differences and needs of the individual Hispanic client.

Research Needs: Research on the effectiveness of various rehabilitation approaches to eliminate barriers which preclude acceptance and utilization of rehabilitation services and technology by the Hispanic handicapped.

Research on external barriers such as treatment modality, counselor ethnicity, language, socioeconomic level and age to determine the extent and nature of their interaction with handicapping conditions among Hispanics and the interaction of external barriers with handicapping conditions affecting services and/or the outcome of services provided.

Issues: Despite the efforts of those committed to rehabilitation in this country, many emigrants from Mexico to the United States with mental or physical disabilities will be relatively untrained in the technical, informational and psycho-social skills needed to be effective clients within the rehabilitative process.

Research Needs: Research to explore and document the feasibility and consequences of providing rehabilitation services in "sanctuary" centers for the handicapped among the estimated five million undocumented Hispanic immigrants in the United States who are eligible for appropriate services.

Research on the effect of different criteria of eligibility for services on rehabilitation outcome, i.e. eligibility criteria in Mexico based on need, and in U.S.A. based on the feasibility for employment.

Research of innovative approaches to extending rehabilitation services to the migratory workers and the handicapped who live in rural areas.

Issue: In developing a plan for the vocational rehabilitation client as well as in determining the educational placement of a child, the psychological evaluation and assessment of the individual is critical. Correctly interpreted, these results should tell the psychologist, rehabilitation counselor, or special education teacher a great deal about the individual, his/her aptitudes and his/her achievements. However, this is unfortunately not the case. Due to language barriers, different cultural backgrounds, socioeconomic differences, and a multiplicity of other factors, Hispanics score consistently lower on tests generally geared to a middle class "Anglo" norm. As a result Hispanics are over-represented in mental retarded and mentally handicapped classes, over-represented in vocational training for blue collar jobs and under represented in colleges and professional schools.

Research Needs: Research on the current evaluation and assessment techniques; the personnel who participate in the evaluation and assessment process, and the impact of both on the Hispanic and the rehabilitation process.

Issue: Library searches revealed a paucity of studies on the disabled elderly Hispanic. This sub-group of Hispanics experience functional disabilities which reflect physical, mental, social and independent living deficits. An overwhelming and perhaps as depressing as the demographic information is the attitiudinal barriers. Stereotyping has occured with limited recognition that wide ranges of individiual differences exist. The outcome to which the majority of efforts and funds are directed is to sustain a debiliated group of older persons while the those with rehabilitation potential drift or acquire more serious and complex problems.

Research Needs: Research should include the elderly Hispanics whenever rehabilitation issues are addressed.

Issue: The presence of developmental gaps--educational, social, and vocational--are common occurrances found in disabled Hispanics. These gaps are, not usually indicators of limited abilities, but they result from lack of opportunities. These deficiencies are commonly found in members of minority groups. In many instances, these shortcomings can be easily overcome by identifying them as such, and by providing the proper kind of intervention, such as remedial education and proper exposure to those specific areas. Making assumptions of low functioning or limited rehabilitation potential based on these developmental gaps, without providing the proper remedial intervention should be considered, but are not.

Research Needs: Research to address the nature of the interaction between cultural variables, educational levels, personality variables and client expectations regarding the rehabilitation services as they impact on rehabilitation services.

Research to address innovation training and employment placement approaches for limited English-speaking or none English-speaking Hispanic persons.

Development and evaluation of effective cultural awareness training programs in order to ameliorate the culturally based psychological barriers which hinder professionals in their efforts to extend rehabilitation services to handicapped Hispanic persons.

Development and evaluation of training programs in cross-cultural counseling techniques for rehabilitation personnel working with Hispanics.

Issue: Studies have underlined the importance of employment to the disabled Hispanics in the rehabilitation process. In the case of Mexican Americans with physical and mental disabilities, unemployment and underemployment were found to be predictors of increased difficulty in self-estimate to illness, depression, anxiety, psycho-social dysfunction and cognitive impairment.

Other studies have found that even after a successful rehabilitation service, the Hispanic clients attained similar levels of employment as none Hispanics, however, Hispanics compared unfavorably with the none Hispanics in terms of earnings. The Hispanics, therefore, appear to be more disadvantaged after completing the rehabilitation process than the none Hispanics.

Research Needs: Assessment of employment and earning potential of Hispanics as a basis for training, retraining, and upgrading.

Research on methods for aggressive efforts to secure employment and placement for persons who have received training.

Research on the many aspects of employment problems and their relationship to bi-lingual competency, new types of jobs, level of complexity, etc.

Research on the effectiveness of rehabilitation approaches that utilize such sub-systems as the employer, the family, the clergy and curendos, community services in the rehabilitation process.

Research on attitudes of employers and rehabilitation personnel toward disabled Hispanics and impact on successful rehabilitation and placement.

Analysis of none Hispanic vocational rehabilitation materials to determine cultural relevance and potential benefit to Hispanics with handicapping conditions.

Research on innovative approaches to extending employment services to the migratory workers and to handicapped who live in rural areas.

Research on innovative approaches to training, placement, and employment of limited or none English speaking persons.

Research on the effective use of interpreters during the rehabilitation process.

Research on the success of rehabilitation programs and structure which take into consideration the traditional and current Hispanic values.

Issue: A problem cited during the meeting is the problem of earlier involvement of the handicapped Hispanic student in the rehabilitation process, e.g. beginning before the end of secondary school education. There are also problem areas of agency responsibility "turfism" and the "sanctity" of the public schools - adding up to a legitimate concern of the rehabilitation system to develop a mechanism for involvement prior to the end of secondary school education.

Research Needs: Studies of development of mechanisms for the involvement of the disabled Hispanic student in the rehabilitation process prior to the end of his/her secondary school education.

Research in methods for expanding parent involvement in the student's rehabilitation process which includes assisting in home instructions as well as working directly with the community in exploring job opportunities for the handicapped student in general.

Research in methods of developing and evaluating jointly sponsored programs for rehabilitation and education of the disabled Hispanic youth.

Development and evaluation of linkage systems betweeen specific education programs and appropriate rehabilitation programs to ensure continuity of care for handicapped youth.

Issue: Studies of characteristics of Mexican-American rehabilitation clients and of their rehabilitation counselors reported that the counselors not only have backgrounds which were distinct from their clients, but also perceived themselves as having very different value systems. Research showed that Chicano clients were processed in the system more slowly than Anglo-Americans, that relatively less time and materials were spent in diagnosing and evaluating Chicano clients, and that these clients were proportionately less often rehabilitated vocationally. Chicano clients were more likely to be provided personal adjustment training rather than vocational, technical or higher educational training.

Research Needs: Current training programs in rehabilitation should take the initiative by introducing into their curriculum undergraduate and graduate courses Hispanic language and culture. These offerings would be of significant value to those rehabilitation training programs located in densely populated Hispanic areas. If these courses are offered, they should be incorporated into the curriculum in well planned and systematic fashion, together with an assertive and organized recruitment program to attract Hispanics into these rehabilitation training programs both at the professional and para-professional levels.

Development and dissemination of Spanish language resources of printed and audiovisual materials which would be of significant benefit to the rehabilitation communities in the United States, Puerto Rico, and the Latin American countries.

Exchanging of rehabilitation information and rehabilitation personnel between the United States and Latin American countries on rehabilitation therapies and rehabilitation approaches acceptable to Hispanic cultural values and needs.

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